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By my signature, affixed below, I state that I have read and understand the posted CFPA Liability Release.

Trail: \_\_\_\_\_ Trail Section: \_\_\_\_\_ Date: \_\_\_\_\_ Length of Event (hrs): \_\_\_\_\_

Name (print legibly)	Signature	Phone Number	Email	Travel Time (round trip)

Work Party Leader(s) Name: \_\_\_\_\_

