



# Activity Register

**Activity:** .....

**Date:** ..... **Leader:** ..... **Coleader:** .....

\* By signing in I acknowledge that I have read, signed and agree to the **Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement** I completed, electronically or manually, to the benefit of the CDMC, the FMCBC, and others.

\*\* By signing out I acknowledge my participation in this Activity has ended.

Name of Participant	* Sign In (mandatory)	** Sign Out + Time (mandatory)	Emergency Contact (optional)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			