

Florida Trail Association, Inc.
Post Activity Report
(submit completed ORIGINAL, not a copy)

Date(s) of Activity: _____

Type of Activity/Rating: _____

Location: _____

Activity Leader Phone: _____

Co-Leader Phone: _____

Number of Participants (attach Risk Assumption form): _____

Summary of Activity:

Include trail conditions, weather encountered, total mileage, etc. Use back of form or attachments if additional space is required.

Describe any extraordinary events or conditions encountered, such as extreme weather, lost hikers, or other emergencies or unexpected situations. Include names of involved persons (if applicable), action taken, and by whom. For injuries, give person's name, type of injury, and any treatment administered.

Activity Leader
Signature _____

Date: _____