



The national voice for America's hikers

Group Hike Risk Management Plan

Name of Hike _____ Date of Hike _____
Hike Start Time _____ Estimated Hike End Time _____
Trail Difficulty Rating _____ Number of Miles _____
Amount of Vertical Climbing (in feet) _____ Required Footwear _____
Minimum Amount of Water to Bring _____
Minimum Amount of Food to Bring _____

Hike Description (include terrain, destination, challenges, flora, fauna, history)

Hike Driving Direction (include mileage, landmarks, turns)

Six questions each participant must answer "yes" to before being allowed on hike

1. Are you medically fit to participate in this hike?
2. Are you bringing adequate food and water?
3. Do you have the required footwear for this hike?
4. Do you have the proper clothing for this hike?
5. Do you have the proper gear for this hike?
6. Did you prepare physically for this hike?

Fact Sheet

In case of emergency

Nearest phone or help (location, directions, and time to reach):

Nearest medical facility (name, phone number, directions, and time to reach):

Nearest law enforcement (name, phone number, directions, and time to reach):

Appropriate State Park, Forest Service, National Park jurisdiction (name, phone number, directions, and time to reach):

Special Medical Conditions/Medications:

Other Notes

Fact Sheet