

Nonprofit Transportation/Field Trip Liability Waiver

Participant Information

Full Name

Age

Parent/Guardian Name (if under 18)

Trip Information

Trip/Event Name

Date

Organization

Liability Waiver

I acknowledge and accept that participation in transportation and activities arranged by the organization may involve certain risks, including but not limited to personal injury, illness, or property damage. I voluntarily assume all risks and agree to release the organization, its staff, volunteers, and agents from any liability, claims, or demands arising from participation in this trip/event.

I certify that I (or my child) am in good health and able to participate in the scheduled activities. I understand that I am responsible for notifying the organization of any allergies, medical conditions, or special considerations.

Medical Information

Allergies/Medical Conditions

Emergency Contact Name & Phone

Consent & Signature

Signature

Date