Kayaking Guided Tour Consent Form

Participant Information

Full Name
Data of Diata
Date of Birth
Address
Emergency Contact Name & Phone
Health Information
Medical Conditions/Allergies
The distal Contained for the right
Consent and Waiver
Lacknowledge and understand the risks involved in participating in the kayaking guided tour. Laccept
responsibility for my participation and waive liability against the organizers.
Lagrae to the terms and conditions
I agree to the terms and conditions
Signature
Participant Signature
Participant Signature
Date