

# Wilderness Survival Course Participation Waiver

## Participant Information

Full Name

Date of Birth

Address

Phone Number

Email Address

## Emergency Contact

Name

Relationship

Phone Number

## Medical Information

Medical conditions, allergies, or medications

## Waiver and Release

I acknowledge that participation in the Wilderness Survival Course involves inherent risks, including but not limited to physical injury, wild animal encounters, exposure to harsh weather, and remote locations without immediate medical assistance.

I voluntarily assume all such risks and agree to release the organizers, instructors, and affiliated personnel from

any and all liability, claims, or demands resulting from my participation in this course.

I confirm that I am physically fit to participate in this activity, have disclosed relevant health information, and will comply with all course safety instructions.

Participant Signature

Date

If participant is under 18 years of age, parent or guardian must complete:

Parent/Guardian Signature

Date