

Heritage Tour Participation Consent Form

Participant Information

Full Name

Date of Birth

Email Address

Phone Number

Emergency Contact

Contact Name

Relationship

Contact Phone

Medical Information

Allergies or Medical Conditions

Consent & Acknowledgment

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I have read and understood the information regarding the heritage tour, and I consent to participate.



In case of emergency, I authorize medical treatment as deemed necessary.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date