

Adventure Sports Trip Waiver and Consent Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email Address

Emergency Contact Information

Emergency Contact Name

Emergency Contact Phone

Relationship

Medical Information

Allergies or Medical Conditions

Current Medications

Waiver and Consent

I acknowledge the inherent risks involved in adventure sports and voluntarily assume these risks. I certify that the information provided above is accurate and that I am medically able to participate. I release the organizers from liability in case of injury or accident during the event.

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I have read, understand, and agree to the waiver and consent statement above.

Participant Signature

Date

If Participant is Under 18

Parent/Guardian Name

Parent/Guardian Signature

Date
