

# Outdoor Science Excursion Waiver and Consent

Participant Name

Date of Birth

Parent/Guardian Name

Contact Number

Email Address

## Medical Information

Medical Conditions / Allergies

Medications

Emergency Contact Name

Emergency Contact Phone

## Consent and Waiver

I acknowledge that participation in the Outdoor Science Excursion involves inherent risks, including but not limited to injury, illness, or property loss. I consent to my child's participation and authorize staff to secure emergency medical care if necessary. I have provided all important medical information above and waive any claims against the organizers, staff, and partnering organizations.

Parent/Guardian Signature

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Date

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