

Wildlife Safari Participant Waiver

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Waiver and Release of Liability

I acknowledge and fully understand that participating in the Wildlife Safari involves risks, including but not limited to interactions with wild animals, challenging terrains, and exposure to outdoor elements.

I understand that by signing this document, I waive, release, and discharge the organizers and their agents from all liability for injuries, damages, or loss arising out of my participation.



I have read, understood, and agree to the terms of this waiver and release of liability.

Medical Information

Relevant Medical Conditions or Allergies

Emergency Contact Name

Emergency Contact Phone Number

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date