

Adventure Outbound Group Trip Consent & Release Form

Participant Information

Name

Group/Organization

Trip Location

Date of Trip

Emergency Contact

Name

Relationship

Phone Number

Medical Information

Allergies / Medical Conditions

Medications

Consent & Release

I hereby agree to participate in the above-mentioned adventure outbound trip. I understand that such activities may involve certain risks. I voluntarily accept responsibility for any injury or loss that may arise from participation. I release the organizers and associated parties from liability, to the fullest extent permitted by law.

☐ I have read, understood, and agree to the terms and conditions above.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date
