

Domestic Outbound Group Excursion Consent Form

Participant Information

Full Name

Date of Birth

Contact Number

Email Address

Home Address

Excursion Details

Excursion Name

Start Date

End Date

Location(s)

Medical Information

Existing Medical Conditions / Allergies

Medications

Emergency Contact Name

Emergency Contact Number

I hereby give consent for the participant named above to join the Domestic Outbound Group Excursion specified. I acknowledge that I am aware of the nature of the activity, understand the risks involved, and agree to abide by all terms, safety instructions, and regulations set by the organizers.

Participant's Signature

Date

Parent/Guardian's Signature (if under 18)

Date