

Adventure Tour Participant Consent Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact

Contact Name

Phone Number

Relationship

Medical Information

Any relevant medical conditions or allergies

Consent and Acknowledgement

☐

I have read and understood the risks involved with participating in the adventure tour.

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I voluntarily assume all risks and responsibilities associated with the tour.



In case of emergency, I authorize medical treatment deemed necessary.

Participant Signature

Date