

Adventure Tour Participation Consent Form

Participant Information

Full Name

Date of Birth

Email Address

Phone Number

Emergency Contact Name

Emergency Contact Phone

Health & Medical Information

Relevant Medical Conditions or Allergies

Tour Details

Name of Tour/Event

Date(s) of Tour/Event

Consent & Acknowledgement

I acknowledge that participation in this adventure tour involves inherent risks, including but not limited to injury or loss. I confirm that I am physically fit to participate and will comply with all safety instructions. I consent to receiving medical treatment in case of emergency and release the organizers from liability as permitted by law.

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I have read and agree to the terms above.

Participant Signature

Date

For Participants Under 18

Parent/Guardian Consent: I am the parent/guardian of the above-named participant and give consent for their participation in this adventure tour.

Parent/Guardian Signature

Date
