

Guided City Walk Consent Form

Participant Information

Full Name

Date of Birth

Email Address

Emergency Contact Name & Number

Consent & Acknowledgements

- ☐ I voluntarily agree to participate in the guided city walk.
- ☐ I understand that I am responsible for my own safety during the walk.
- ☐ I give consent for emergency medical treatment if necessary.
- ☐ I acknowledge that photographs may be taken and used for promotional purposes.

Additional Notes

Signature

Date