

Historical Landmark Tour Consent Form

Participant Name

Email Address

Date of Tour

Emergency Contact Name

Emergency Contact Phone

I understand that participation in the Historical Landmark Tour involves certain risks and that I am responsible for my own safety and belongings during the event. I hereby consent to participate and agree to comply with any instructions provided by the organizers.

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I have read and agree to the terms above.

Relevant Medical Information (optional)

Signature

Date