

Mountain Trekking Event Consent Form

Participant Information

Full Name

Date of Birth

Contact Number

Emergency Contact Name

Emergency Contact Number

Health Declaration

Consent

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I acknowledge that I have read and understood the risks associated with mountain trekking and voluntarily agree to participate in the event.

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I authorize the event organizers to seek medical assistance in case of emergency.

Additional Notes (if any)

Participant Signature

Date

Guardian Signature (if under 18)
