

Religious Pilgrimage Tour Consent Form

Personal Information

Full Name

Date of Birth

Phone Number

Email Address

Address

Emergency Contact

Name

Relationship

Phone Number

Medical Information

Are there any medical conditions or allergies we should be aware of?

Current Medications

Consent and Acknowledgement

☐ I confirm that all information provided above is correct.

☐ I acknowledge the nature of the pilgrimage tour, and authorize organizers to take necessary action in case of emergency.

☐ I release the tour organizers from any liability for personal injury, property damage, or loss incurred during the pilgrimage, except as required by law.

Signature

Date