

Bungee Jumping Consent and Liability Form

Participant Information

Full Name

Date of Birth

Contact Number

Email Address

Emergency Contact

Name

Relationship

Phone Number

Medical Information

Please list any medical conditions or allergies

Consent and Acknowledgment

- ☐ I confirm that I am at least 18 years of age, or have the consent of a legal guardian.
- ☐ I acknowledge that bungee jumping involves inherent risks, including risk of serious injury or death.
- ☐ I agree to release the organizers from all liability for injuries or damages that may occur as a result of participation.
- ☐ I certify that all information provided is true and complete to the best of my knowledge.

Signature

Participant Signature

Date

Parental/Guardian Consent (if under 18)

Name of Parent/Guardian

Signature of Parent/Guardian

Date