

# Adventure Sports Travel Insurance Waiver

Name:

Date of Birth:

Passport/ID Number:

Address:

Email:

Phone Number:

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## Adventure Activity Details

Type of Adventure Sport:

Destination:

Date(s) of Activity:

Travel Insurance Provider:

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## Waiver and Release of Liability

I acknowledge that participation in the above-mentioned adventure sport involves inherent risks including, but not limited to: accidents, personal injury, death, or property loss. These risks may arise from my own actions, inactions, or negligence as well as those of others, the conditions of the premises, or of any equipment used.

I confirm that I have reviewed my travel insurance policy, and understand that coverage for certain adventure sports or activities may be limited or excluded. I fully accept the responsibility for securing and maintaining adequate insurance coverage for my participation.

By signing below, I hereby voluntarily release, waive, discharge, and covenant not to sue the organizers, agents, employees, or insurers from any and all liability arising from my participation in the specified adventure sport.

Date:

Signature: