

Forest Therapy Walk Consent Form

Participant Name

Date

Email Address

Emergency Contact

Name

Relationship

Phone Number

Health Information

Relevant Medical Conditions or Allergies

Consent & Liability

- I understand that participating in a forest therapy walk may involve walking on uneven terrain and exposure to the natural environment.
- I take responsibility for my own safety and well-being during the walk.
- I will notify the guide of any medical conditions that may affect my participation.
- I consent to taking part in the forest therapy walk.

☐ I have read and agree to the information above.

Participant Signature

Date

Guardian Signature (if participant under 18)

Date