

Indigenous Cultural Eco-Tour Consent Form

Participant Information

Full Name:

Date of Birth:

Address:

Phone Number:

Email:

Emergency Contact

Name:

Relationship:

Phone Number:

Health Information

Please list any allergies, medical conditions, or dietary restrictions:

Consent & Acknowledgement

☐

I have read and understand the risks associated with participating in this Indigenous Cultural Eco-Tour.

☐

I consent to receive necessary medical treatment in case of emergency.

☐

I agree to respect Indigenous cultural practices and guidelines during the tour.

☐

I give permission for photographs or videos taken during the tour to be used for educational or promotional purposes.

Signature

Participant Signature: _____

Date:

If under 18, Parent/Guardian Signature: _____

Date: