

Sustainable Hiking Tour Consent Form

Participant Information

Full Name

Date of Birth

Phone Number

Email Address

Emergency Contact Name

Emergency Contact Phone

Health & Medical Information

Relevant Health Conditions or Allergies

Medications Taken

Consent & Agreement

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I acknowledge the risks associated with hiking tours and confirm my physical ability to participate.

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I agree to follow Leave No Trace principles and respect the environment during the tour.

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I consent to receive medical treatment in case of emergency.

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I confirm I have provided accurate information to the best of my knowledge.

Signature

Date