

# City Ghost Walk Participant Consent

## Participant Information

Full Name

Email Address

Date

## Consent Agreement

I acknowledge that participation in the City Ghost Walk involves walking through public spaces and may involve areas of uneven ground, low lighting, or potential frightening elements.

I confirm that I am voluntarily participating and accept any risks involved. I agree to adhere to instructions provided by the event organizers. In consideration of being permitted to participate, I release and hold harmless the organizers from all liability related to personal injury, loss, or damage.

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I have read and agree to the above participant consent agreement.

## Signature

Signature

Date