

Historic District Walking Tour Consent Form

Participant Information

Full Name:

Email Address:

Phone Number:

Consent

I acknowledge that participation in the Historic District Walking Tour involves periods of walking and being outdoors in varying conditions. By signing below, I agree to participate at my own risk and release the organizers from any liability for injuries or damages that may occur.

☐ I have read and agree to the consent statement above.

Emergency Contact

Emergency Contact Name:

Emergency Contact Phone:

Signature

Signature:

Date: