

# Eco-Tourism Waiver and Dietary Needs Form

## Participant Information

Full Name

Date of Birth

Email Address

Emergency Contact Name & Phone

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## Waiver & Release of Liability

I, the undersigned, acknowledge the risks involved in eco-tourism activities, including but not limited to hiking, wildlife interactions, and outdoor excursions. I voluntarily assume all such risks and agree to release and hold harmless the organizers, guides, and associated parties from any liability or claims arising from participation in this activity.

☐ I have read and agree to the terms above

Signature

Date

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## Dietary Needs

- ☐ Vegetarian
- ☐ Vegan
- ☐ Gluten-Free
- ☐ Dairy-Free
- ☐ Nut Allergy
- ☐ Other

If you selected "Other" or have additional dietary needs, please specify:

## Medical Information

Please list any medical conditions, allergies, or medications: