

Wildlife Photography Excursion Consent Form

Participant Information

Full Name

Age

Address

Phone Number

Email

Emergency Contact

Name

Relationship

Phone Number

Medical Information

Relevant Medical Conditions

Allergies

Excursion Details

Excursion Location

Date

I acknowledge and consent to participate in the above-listed wildlife photography excursion. I have read and understood the risks involved and agree to follow all instructions provided by the organizers. I release the organizers from liability for any incident that may occur during the excursion.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date