

Adventure Sports Participation Liability Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact

Name

Phone Number

Activity Details

Adventure Sport

Date of Participation

Health Information

Relevant Medical Conditions or Allergies

Assumption of Risk & Waiver

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I acknowledge that I have read, understood, and agree to the terms of the Adventure Sports Participation Liability Form. I voluntarily assume all risks associated with participation.

Signature

Date

Parent/Guardian (if under 18)

Name

Signature

Date