

Adventure Tour Participation Waiver Form

Full Name

Date of Birth

Phone Number

Email Address

Emergency Contact Name

Emergency Contact Phone

Health Information

Relevant Health Conditions or Allergies

Waiver & Release

I acknowledge that participation in the adventure tour involves inherent risks. I voluntarily assume all risks of injury or loss and agree to release the organizers, guides, and affiliated parties from all liability, to the fullest extent permitted by law.

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I have read and understand the above waiver and agree to its terms.

Participant Signature

Date

For Participants under 18

Parent/Guardian Name

Parent/Guardian Signature

Date