

Liability Waiver and Consent Form

Date: _____

Participant Information

Name: _____

Address: _____

Email: _____

Phone: _____

Event Details

Event Name: _____

Date of Event: _____

Location: _____

Waiver and Release of Liability

I, the undersigned, acknowledge that I have voluntarily chosen to participate in the aforementioned outdoor excursion. I understand that this activity involves inherent risks and possible injury. By signing this document, I hereby release, waive, and discharge [Organization's Name], its agents, employees, and volunteers from any and all claims or liabilities arising from my participation.

Consent to Medical Treatment

I give permission for medical treatment to be administered in the event of an emergency while participating in this event.

Signature

Participant's Signature: _____

Parent/Guardian Signature (if under 18): _____

Date: _____