

Adventure Trip Compliance and Waiver

Date: _____

Participant Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Trip Information

Trip Location: _____

Dates of Trip: _____

Trip Organizer: _____

Waiver and Compliance Agreement

I, the undersigned, acknowledge that I have voluntarily chosen to participate in the above-mentioned adventure trip. I understand that this trip may involve inherent risks, including but not limited to physical injury, property damage, or even death.

By signing this document, I confirm that I am in good physical health and have no medical conditions that would prevent my participation in this trip. I agree to comply with all rules and regulations set forth by the trip organizers.

I hereby release, hold harmless, and indemnify the trip organizers, their agents, and employees from any and all claims, demands, damages, actions, and causes of action arising from my participation in this trip.

Signature

Participant Signature: _____

Date: _____

Guardian Signature (if under 18): _____

Date: _____