Outdoor Adventure Participation Agreement

| Date: |
|--|
| Participant Name: |
| Address: |
| Email: |
| Phone Number: |
| Dear Participant, |
| We are excited to have you join us for the upcoming outdoor adventure. Before you participate, we require you to read and sign this agreement to ensure you understand the risks involved and the expectations we have for all participants. |
| Participation Agreement |
| 1. I understand that participating in outdoor activities involves inherent risks including, but not limited to, physical injury, emotional distress, or even death. |
| 2. I agree to follow all safety instructions provided by the leaders during the adventure. |
| 3. I willingly assume all the risks associated with my participation. |
| 4. I acknowledge that I have medical insurance and that I am responsible for my medical expenses in case of an injury. |
| 5. I grant permission for the organizers to use photographs/videos of me taken during the event for promotional purposes. |
| Signature |
| By signing below, I acknowledge that I have read and understood this participation agreement. |
| Signature: |
| Date: |
| Emergency Contact |
| Name: |

| Phone Number: |
|---|
| Thank you for your cooperation. We look forward to an exciting adventure! |
| Sincerely, |
| [Your Organization Name] |
| |