

Domestic Travel Liability Waiver

Participant Name:

Destination(s):

Departure Date:

Return Date:

Waiver and Release

I, the undersigned, do hereby acknowledge that I am voluntarily traveling domestically. I am aware that travel may involve risks including, but not limited to, accident, injury, illness, or unforeseen events. I expressly assume all such risks.

I, for myself, my heirs, executors, administrators, and assigns, hereby release, discharge, and hold harmless [Organization/Company Name], its officers, employees, agents, and representatives from any and all liability, claims, or demands arising from or related to this travel.

Medical Authorization

In the event of an emergency, I authorize medical treatment for myself as deemed necessary by qualified medical personnel. I am responsible for all costs relating to such treatment.

Acknowledgement

I confirm that I have read, understood, and voluntarily agree to the terms of this waiver. I am signing this document of my own free will.

Participant Signature:

Date:

Parent/Guardian Signature (if under 18):

Date:
