

Group Travel Waiver and Authorization Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email Address

Emergency Contact Information

Contact Name

Contact Phone

Relationship

Medical Information

Allergies or Medical Conditions

Current Medications

Insurance Provider / Policy Number

Waiver and Authorization

I hereby agree to release, indemnify, and hold harmless the organization, its officers, agents, employees, and volunteers from any and all liability or claims for injury, illness, death, or loss of property which may result from participation in this group travel activity. I authorize emergency medical treatment if necessary.

Date

Participant Signature

Parent/Guardian Signature (if under 18)

Date
