

# Adventure Travel Waiver for Out-of-Country Activities

## Participant Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Trip Destination(s): \_\_\_\_\_

Trip Dates: From \_\_\_\_\_ To \_\_\_\_\_

## Waiver of Liability

I, the undersigned participant, acknowledge that I have voluntarily applied to participate in an adventure travel activity (â€œthe Activityâ€) outside my country of residence. I understand that the Activity may involve risks, including but not limited to:

- Physical injury, illness, or death
- Property loss or damage
- Travel by various means including air, land, and water
- Encounter with unpredictable hazards
- Medical emergencies

I understand that the organizers have made every effort to ensure my safety, but cannot guarantee protection against all risks.

## Release and Agreement

In consideration for being permitted to participate in the Activity, I hereby voluntarily RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE the organizers, officers, directors, employees, agents, and affiliates from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained while participating in the Activity.

I certify that I am physically fit to participate and have not been advised otherwise by a qualified medical professional. I further agree to comply with all laws and regulations of the host country, and to follow all instructions provided by the organizers.

## Medical Authorization

In case of emergency, I authorize the organizers to secure and consent to any medical treatment deemed necessary for my health and safety, and I agree to assume all financial responsibility for such care.

## Acknowledgment and Understanding

I HAVE READ THIS ADVENTURE TRAVEL WAIVER, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

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Participant Signature    Date

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Print Name

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Guardian Signature (if under 18)   Date

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Emergency Contact Name & Phone