

# Hiking Excursion Waiver Form

Please read and complete this waiver form before participating in the hiking excursion. Your safety and understanding are important.

## Participant Information

Full Name

Date of Birth

Phone Number

Email Address

Emergency Contact Name

Emergency Contact Phone

## Medical Information

List any medical conditions, allergies, or medications

## Acknowledgment & Liability Release

I acknowledge that hiking activities may involve risk of injury, property damage, or even death. I voluntarily assume all risks and agree that I will not hold the excursion organizers, guides, or any associated persons responsible for any injuries or damages sustained during this activity. I affirm that I am physically fit to participate.

Participant Signature

Date

# Parent/Guardian Consent (if under 18)

Parent/Guardian Name

Parent/Guardian Signature

Sign here

Date