

# Group Travel Activity Waiver

**Event Name:** \_\_\_\_\_

**Event Date(s):** \_\_\_\_\_

**Destination(s):** \_\_\_\_\_

**Organizer:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_

## **Waiver of Liability**

I, the undersigned, acknowledge that I have voluntarily agreed to participate in the group travel activity described above. I understand that participation in this activity involves inherent risks, including but not limited to personal injury, property loss, accident, illness, or death.

I hereby release, indemnify, and hold harmless the organizer and all associated agents, volunteers, and sponsors from any liability, claims, damages, or expenses arising from my participation in this activity, except for those caused by gross negligence or willful misconduct.

## **Medical Authorization**

In the event of an emergency, I authorize the organizer to seek medical attention on my behalf if I am unable to do so. I understand that I am responsible for all costs arising from medical treatment or related transportation.

**Allergies/Medical Conditions:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

## **Participant Acknowledgment**

I have read and understand this waiver. I understand that by signing this document, I am waiving certain legal rights. I certify that I am at least 18 years of age or, if not, that this agreement is signed by my parent or legal guardian.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian

Date: \_\_\_\_\_

Signature (if under 18): \_\_\_\_\_

\_\_\_\_\_