

# Hiking and Trekking Accident Waiver Form

Please read this form carefully and fill in the required information. By submitting this form, you agree to the terms and conditions outlined below regarding participation in the hiking and trekking activity.

## Participant Information

Full Name

Date of Birth

Phone Number

Email Address

Home Address

## Emergency Contact

Name

Phone Number

Relationship

## Medical Information

Please list any medical conditions or allergies

Current medications (if any)

## Waiver, Release, and Assumption of Risk

I, the undersigned, voluntarily choose to participate in the hiking and trekking activity. I understand that this activity involves inherent risks, including but not limited to, slips, falls, encounters with wildlife, rapid weather changes, and other natural or man-made hazards.

I hereby waive, release, and discharge the organizers, guides, and any associated personnel from any and all liability for injury, loss, or damage to person or property that may arise out of my participation. I certify that I am physically fit and capable of undertaking this activity.

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I have read, understood, and agree to the terms of this waiver.

Participant's Signature

Date

If participant is under 18 years of age, a parent or legal guardian must complete the section below.

Parent/Guardian Name

Signature

Date