

# Group Travel Liability Waiver Form

This form must be read, completed and signed by each group participant prior to travel.

## Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact Name

Emergency Contact Phone

## Acknowledgements & Waiver of Liability

By signing below, I acknowledge and agree to the following:

- I understand that participation in group travel activities involves inherent risks including, but not limited to, accidents, illness, injury, or loss.
- I acknowledge that I am voluntarily participating at my own risk.
- I release and hold harmless the organizers, sponsors, coordinators, and any affiliated parties from any and all liability, claims, and causes of action arising out of my participation.
- I am responsible for my own medical insurance and personal belongings.
- I attest that I am physically and mentally capable of participating in planned travel activities.

By signing, I confirm that I have read, understood and agree to the terms above.

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Participant Signature

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Date

If the participant is under 18, a parent or legal guardian must complete the following:

Parent/Guardian Name

Parent/Guardian Signature

Date