

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.

Participant Signature

Date

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

Parent/Guardian Name

Parent/Guardian Signature

Date