

# Out-of-Country Group Travel Release & Waiver Form

I, the undersigned, acknowledge and agree that my participation in the below described out-of-country group travel is voluntary and at my own risk. I understand that international travel may include risks, dangers, and hazards, including the potential for injury, illness, property damage, and loss, and that access to medical care may be limited in some regions.

I hereby release, waive, and discharge [Group/Organization Name] and its employees, agents, and representatives from any and all liability, claims, demands, and causes of action whatsoever that may arise out of or relate to my participation in this group travel activity.

I certify that I have obtained or will obtain appropriate travel documents, insurance, and vaccinations, and that I will comply with all applicable laws, regulations, and instructions provided by trip leaders.

I have read and fully understand this release and waiver, and I voluntarily agree to its terms.

## Participant Information

Participant Name

Address

Phone Number

Email Address

Destination Country & Dates

## Emergency Contact

Name

Phone Number

## Medical Information

Please list any known allergies, medical conditions, or medications:

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Participant Signature

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Date

If participant is under 18 years of age, a parent or legal guardian must also sign below:

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Parent/Guardian Signature

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Date