

Outdoor Group Outing Waiver

I, the undersigned participant, acknowledge that I have voluntarily chosen to participate in the following outdoor group outing:

Date of Outing:

Location:

Assumption of Risk

I understand that outdoor activities involve inherent risks of injury, illness, or damage to personal property. I voluntarily assume all such risks, whether expected or unexpected.

Release of Liability

In consideration for being permitted to participate, I hereby release and hold harmless the organizers, their officers, employees, agents, and volunteers from any and all liability, claims, demands, or causes of action that may arise from my participation.

Medical Authorization

I authorize the organizers to secure medical treatment for me in the event of an emergency. I certify that I have no medical conditions that would increase risk to myself or others during the activity.

Participant Information

Full Name:

Phone Number:

Emergency Contact Name & Phone:

Participant Signature:

Date:

If under 18, Parent/Guardian Signature:

Date:
