

Youth Outdoor Adventure Waiver

Participant Information

Participant Name

Date of Birth

Parent/Guardian Name

Emergency Contact & Phone

Health & Medical Information

Medical Conditions / Allergies

Current Medications

Assumption of Risk & Release of Liability

- ☐ I acknowledge that participation in outdoor activities involves inherent risks of injury or harm.
- ☐ I hereby release and hold harmless the organizers and all associated parties from any liability for injuries, damages, or losses.
- ☐ In case of emergency, I authorize medical treatment for my child.

Participant & Parent/Guardian Signatures

Participant Signature

Date

Parent/Guardian Signature Date