

# Group Travel Waiver and Release of Liability

This **Travel Waiver Form** is for participants joining any group travel organized by *[Organization/Group Name]*. By signing this waiver, participants acknowledge potential risks involved and agree to the terms set forth below.

## Participant Information

**Full Name:**

**Date of Birth:**

**Phone Number:**

**Email Address:**

## Trip Details

**Destination:**

**Travel Dates:**

e.g. March 20 – March 30, 2024

## Waiver Agreement

I, the undersigned, acknowledge that participation in group travel organized by *[Organization/Group Name]* involves inherent risks, including but not limited to accidents, illnesses, injury, loss or damage to personal property, and unforeseen events. I hereby voluntarily assume all such risks.

I agree to follow all instructions given by the travel organizers and to act responsibly throughout the trip. I release and discharge *[Organization/Group Name]*, its officers, employees, and agents from all liability, claims, demands, actions, or causes of action associated with my participation in this group travel.

I confirm that I am in good health and have no conditions that would prevent participation. I understand that I am responsible for obtaining any necessary travel insurance, travel documents, and medical supplies.

I have read and voluntarily sign this release and waiver of liability.

**Participant Signature:**

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**Date:**

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*If participant is under 18, parent/guardian signature is required:*

**Parent/Guardian Signature:**

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**Date:**

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