General Liability Release Form



Event Organizing Company

Date:(dd/mm/yy)	
To: Guayabitos Tours (name of the organization or event manager's company)	
Event or Activity: _Canopy tour activity)	(description of the event or
Participant:	(name of the participant)
I completely understand and realize that participation in the above mentioned event or activity could include actions or tasks which might be dangerous or hazardous to me.	
By signing below, I agree to the fact that participation can cause any harm or injury to me. I release the organization or business named above from all liability, costs and damages which could arise from participation in the above named event or activity. I agree to accept financial responsibility for the costs related to this emergency treatment and give my confirmation of the same by signing this document.	
Signature of Participant:	Date:
Name of Parent or Guardian:	
Signature of Parent or Guardian:	Date: