

SUNSETS & SIZZLE TOURS – WAIVER & RELEASE OF LIABILITY

Jackson Lake, GA
www.SunsetsAndSizzleTours.com | 678-794-8035

PARTICIPANT INFO

Name: _____ Phone: _____
Email: _____
Date of Tour: _____

ASSUMPTION OF RISK

I understand that boating, swimming, grilling, and use of equipment involves risks, including serious injury or death. I accept all risks and participate voluntarily.

RELEASE OF LIABILITY

I release Sunsets & Sizzle Tours, LLC, its owners, staff, and affiliates from any liability for injury, death, or damage occurring during the tour, even if caused by negligence.

SAFETY & BEHAVIOR

I agree to follow all instructions from the captain and staff. Alcohol is permitted for guests age 21+, but any disorderly behavior will result in immediate termination of the trip without refund.

MEDICAL CONSENT

I certify that I am physically able to participate. In the event of an emergency, I authorize medical treatment at my own expense.

PHOTO RELEASE (Optional)

I consent to use of my photos for promotions. _____
I do not consent to being photographed. _____

FOOD SAFETY WARNING

I understand that consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase my risk of foodborne illness. By participating in this tour and consuming food prepared onboard, I accept this risk and release Sunsets & Sizzle Tours, LLC from any liability related to foodborne illness or allergic reactions.

Signature: _____ Date: _____
Parent/Guardian (if under 18): _____