

DANRIL SKI TOUR

PHONE (631) 656-0986 FAX (631) 656-0984

BUS TRIP FORM FOR CONSENT & RELEASE OF LIABILITY & MEDICAL INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

HOME PHONE#: (____) - ____ - _____

EMERGENCY PHONE#: (____) - ____ - _____

SOMEONE MUST BE AVAILABLE AT THE ABOVE # FOR THE DURATION OF THE TRIP. INITIAL: _____

I UNDERSTAND THAT ISLAND SKI TOURS IS NOT RESPONSIBLE FOR ANY INJURIES TO PERSONS AND OR DAMAGE TO PROPERTY SUSTAINED ON ITS TRIPS . ISLAND SKI TOURS ONLY ACTS TO PROVIDE SERVICES AND HAS NO DIRECT CONTOL OVER ASPECTS OF THE TRIP SUCH AS THE MOTORCOACH AND OR THE SKI AREA. INITIAL: _____

PLEASE PROVIDE

MEDICAL INSURANCE COMPANY: _____

POLICY#: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____

IN THE EVENT OF A MEDICAL EMERGENCY THAT REQUIRES OFF SITE TREATMENT, THE BUS CANNOT BE HELD AT THE END OF THE DAY. AMBULANCE TRANSPORT THE RIDER'S RESPONSIBILITY