

Destination Outdoors

Participant Waiver and Emergency Information

(One form required per participant per event)

Participant Information:

Name _____ Birthdate _____

Age _____ Grade _____

Address _____
Street City Zip

Event _____ Event Date _____

In case of an emergency, contact:

(1) Name _____ Relationship _____

Home phone _____ Cell phone _____

(2) Name _____ Relationship _____

Home phone _____ Cell phone _____

Medical Information:

Doctor _____ Phone _____

Medical Insurance Carrier _____

ID/Policy Number _____ Group Number _____

Participant Medical Conditions _____

Waiver:

1. *By submitting this form, I agree that I understand that Destination: Outdoors, Blizzard Ski & Snowboard School and/or Snow Ventures, Inc. cannot be held responsible and assumes no liability for any accident or injury to any participant during the period of travel, at the ski/snowboard area, or during the time away from parental supervision prior to the departure of, or after the return of the bus. The Destination: Outdoors staff is authorized to seek emergency treatment for any injury my child may sustain.*

2. *I do hereby indemnify and agree to hold harmless Snow Ventures, Inc dba Destination: Outdoors and/or Blizzard Ski & Snowboard School against any liability and the expense of defending against the same on account of any such injuries asserted by, or on behalf of my child or children.*

3. *I understand and agree that photographic and/or video images of my child or children may be taken and used for training, membership, and promotional use (calendar, web site, etc.) without compensation.*

4. *Snow Ventures, Inc. dba Destination: Outdoors and/or Blizzard Ski & Snowboard School are not responsible for lost or stolen equipment.*

5. *I understand that this completed form is required for my child to participate in this event. If this form is not submitted to event staff at the event, my child will not be allowed to participate. Event fees are non-refundable.*

Parent/Guardian Name _____ Date _____