



## RELEASE FORM for MINORS

(For minors under 18 years traveling  
without a parent or guardian)

### Minor:

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Club Name: \_\_\_\_\_

### Parent/Guardian:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

### Medical, Travel and Conduct Release

"I, Parent/Guardian of the minor/ward \_\_\_\_\_, know and understand that skiing or snowboarding, as well as travel to ski areas, are hazardous activities and that serious physical injury can occur to my minor/ward. Knowing that, I release and indemnify the Intermountain Ski Council and all their representatives, independent contractors, and volunteers of any liability or any claims relating to my minor's/ward's participation in or transportation to and from Council activities. I authorize and consent to emergency medical treatment of my minor/ward by a licensed Doctor of Medicine or Dentistry if my minor/ward is injured while participating in or traveling to and from a Council activity.

The Intermountain Ski Council has zero tolerance for the use of illicit drugs or consumption of alcohol by members under age 21 on Council trips. I understand that I will be responsible for, will be required to remove my minor/ward from the Council trip at my expense and that no refund will be given if they participate in any of these illegal activities. Further, I understand that they will not be allowed to participate on future Council trips unless accompanied by a parent/guardian.

I have read, understand, and agree to be bound by the above release."

\_\_\_\_\_  
Signature of Parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Minor

\_\_\_\_\_  
Date