



## RELEASE FORM for MINORS

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

### Minor:

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

Date of Birth: \_\_\_\_\_ IFSC membership number: \_\_\_\_\_

### 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 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 Idaho Falls Ski Club 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 ski 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 ski activity.

The Idaho Falls Ski Club has zero tolerance for the use of illicit drugs or consumption of alcohol by members under age 21 on Idaho Falls Ski Club sponsored trips. I understand that I will be responsible for, will be required to remove my minor/ward from the Idaho Falls Ski Club 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 Club 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