

WINTER PARK CONSENT TO EMERGENCY CARE

School/Group Name					
Minor Participant's Name					
Mailing Address					
City		State		Zip	
Minor's Home Phone		Age		Date of Birth	/ /
Parent/Legal Guardian Name					
Work Phone		Cell		Home	
Parent/Legal Guardian Name					
Work Phone		Cell		Home	

Parent/Legal Guardian ("Parent") understands and agrees the completing this form is voluntary. By completing this form, Parent hereby authorizes Intrawest/Winter Park Operations Corporation (IWPOC) to disclose this form to health care providers and retain one copy for its records. Parent warrants and represents that Participant is in good health, can safely participate in the activities, there are no special problems associated with the care of the Participant not described below and the undersigned Parent has left no special instructions that have not been listed on this form. Parent hereby authorizes the group sponsor, trip leader, IWPOC and/or their respective authorized personnel to call for and provide ski patrol and/or rescue operation services, to call for medical care for the Participant, or to transport Participant to a medical facility or hospital, if in the opinion of such personnel medical attention is necessary. Parent also consents to the care, treatment and/or procedures, under the instructions and directions of a licensed health care provider. It is understood that reasonable efforts will be made to notify Parent at the earliest possible time during or after such care, treatment and/or procedures. Parent knowingly and voluntarily consent in advance to such ski patrol and/or rescue operations, medical care, treatment and/or procedures and encourage the health care provider, and IWPOC to exercise their best judgment as to the requirements of such care, treatment and/or procedures. Parent agrees to pay all costs associated with such medical care and related transportation and shall specifically indemnify and hold harmless IWPOC and their employees, agents and representatives from any and all costs arising out of such care, treatment and/or procedures.

Parent/Legal Guardian's Name	Parent/Legal Guardian's Signature	Relationship	Date

PLEASE COMPLETE THE FOLLOWING LEGIBLY AND THOROUGHLY:

OTHER EMERGENCY CONTACTS

Person other than Parent/Legal Guardian		Phone	
Family Physician		Phone	
Family Dentist		Phone	

MEDICAL HISTORY

Date of last tetanus shot
List ALL medications presently being taken and for what
List ALL known allergies (food, drugs, environmental)
Describe ALL health problems or additional medical information (use back if needed)

INSURANCE

Policy Holder's Name	
Insurance Company Name	
Insurance Company Address	
Insurance Company Phone	
Policy Number	

The Resort respects your privacy. Your personal information is not shared, without your consent, with third parties for the purpose of marketing or selling their products or services. For more information on privacy please go to www.intrawest.com.