

KAMLOOPS BIKE CAMP

Medical Release Form

This form insures that your son / daughter will receive immediate treatment.

As parent/guardian of said minor, I do hereby authorize an adult representative of BC Unlimited Mountain Adventures Ltd. (Kamloops Bike Camps and Tours) to sign any medical release or make any decisions recommended by a physician attending said minor in the event of an injury. In addition, I authorize members of the first aid staff of BC Unlimited Mountain Adventures Ltd., Sun Peaks Resort, and Whistler/ Blackcomb Resort to administer first aid to said minor in the event of an accident occurring on the mountains. I understand that the risks inherent in the sport of mountain biking and agree to be responsible for payment of all expenses incurred. It is understood that this consent is given in advance of any accident or illness that requires diagnosis and treatment and is given to authorize physicians to use their best judgment and to proceed immediately with necessary treatment.

I give permission for _____
to attend the bike tour offered by BC Unlimited Mountain Adventures Ltd. (Kamloops Bike Camps and Tours)

Youth's Name _____ Birth Date _____

Address _____

City/Prov/State _____ Phone # _____

Name of Parent/Guardian _____

Day/office Ph# _____ Cell # _____

Other phone number and location parents can be reached at during trip _____

Emergency / Medical Information

Emergency Contact #1 (please ensure listed emergency contacts will know location of parents during trip)

Name: _____ Ph# _____

Emergency Contact #2

Name: _____ Ph# _____

Insurance Company (youth's) _____

Physician's name _____ Ph# _____

Recent operations, accidents, illnesses _____

List any allergies _____

List any medications _____

Credit Card (payment of medial services) Visa/MC/Amx No. _____ Exp. _____

Parent/Guardian Signature _____ Date _____