

Emergency Contact Form 2017

Tour Name and Date: _____

Guest Name: _____

Address, City, State: _____

Cell Phone: _____ Home Phone: _____

In the event that I am involved in a medical emergency, please contact the following person(s):

Name(s): _____

Relationship: _____

Phone: _____

Address: _____

Physician Information

Name of Physician: _____

Address: _____

Phone: _____

Insurance Information

Insurance Carrier: _____ ID Number: _____

Phone: _____

Special Instructions:

Do you have any medical condition or are you taking any medications of which we should be aware of in the event of an emergency? If so, what?

Are you allergic to any medication, food, or insects? [] Yes [] No If so, which?

Are you taking any medications? [] Yes [] No If so, which medications?

Thank you for providing this information, which will receive the fullest measure of confidentiality.

ASSUMPTION OF RISK / RELEASE OF LIABILITY

I acknowledge that I am aware that I am participating in a program in which there are certain inherent risks and dangers, including, but not limited to: physical exertion for which I am not prepared; vehicular traffic; road and trail hazards; weather conditions and other forces of nature; illness or accident caused by stress, fatigue, high altitude, or consumption of food and beverage; accident or illness without access to means of rapid evacuation or availability of medical supplies, any or all of which can lead to serious injury or death.

I further acknowledge that the enjoyment of adventure travel involves the assumption of inherent risks and dangers and, as lawful consideration for being accepted for participation in this program, I hereby release and discharge Timberline and its agents and employees from and against any and all liability arising from my participation in the program. I agree this Release shall be legally binding upon me personally, all members of my family, and all minors traveling with me, my heirs, successors, assignees, and legal representatives; it being my intention to assume fully the risks of travel and to release Timberline from any and all liabilities to the maximum extent permitted by law.

I understand that my participation is subject to acceptance and approval by Timberline, and that upon acceptance and approval, shall be deemed to have occurred and been performed at Denver, Colorado. In the event a legal dispute should arise involving any subject matter whatsoever, I agree that the dispute will be governed by Colorado law.

KNOWING AND VOLUNTARY EXECUTION

I have carefully read and fully understand the contents and legal ramifications of this document. I understand that this is a legally binding and enforceable agreement and sign it of my own free will.

Signature _____ Date _____ Print
Name _____

PARENT OR GUARDIAN OF MINOR

I, as a parent or guardian of the below named minor, hereby give my permission for my child or ward to participate in the program, and further agree individually and on behalf of my child or ward to the terms of the above.

Name of Minor _____ Date _____
Signature of Parent/Guardian _____

Travel Information Form 2017

Name:

Tour:

Arrival City:

Arrival Airline:

Arrival Flight Number:

Arrival Date:

Arrival Time:

Meeting Location:

Departure City:

Departure Airline:

Departure Flight Number:

Departure Date:

Departure Time:

Please return these forms to Timberline Adventures: timber@earthnet.net

**Timberline Adventures
505 Stacy Court, Lafayette, CO 80026**

Fax: 303-664-8395