
BYRON PARK DISTRICT

CHESTNUT MOUNTAIN TRIP PERMISSION TO ARRANGE FOR EMERGENCY MEDICAL TREATMENT FORM

In consideration of participation in the sponsored Byron Park District Chestnut Mountain Ski Trip program by _____, I/we do hereby agree that in the event of injury or other medical emergency, the Byron Park District shall first attempt to contact me at the home telephone number and then the cell or work telephone number indicated on our registration form. In the case of my unavailability, they will contact _____ whose relationship is _____, at _____ (telephone number).

In the event Byron Park District is unable to contact any person listed on our registration form or above, then the Byron Park District shall be authorized to consent on my/our behalf, to any medical treatment reasonably required for myself or my child on an emergency basis, until I can be contacted.

Furthermore, in consideration of myself or my child being allowed to enroll in this trip, I hereby personally assume all risks in connection with this activity. I release the Byron Park District for any injury or damage and further I save and hold harmless the Byron Park District from any claim by me, my family, estate, heirs, or assigns, arising out of enrollment and participation in the Chestnut Ski Trip.

PRINT NAME OF PARTICIPANT OR PARENT/GUARDIAN

Dated at Byron, Illinois this _____ day of _____ 20__.

SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN