

Tour Code: _____

Booking # _____

**PERMISSION AND MEDICAL RELEASE FORM
MINOR NOT ACCOMPANIED BY PARENT**

“Minor” as used herein is _____ Age: _____
(Print participant name)

“Responsible Adult” as used herein is _____
(Print name of accompanying adult)

“OARS” as used herein, is O.A.R.S. West, Inc. its officers, agents, employees and stockholders and all other associated persons or entities.

“Medical Professional” as used herein is any licensed physician, nurse or emergency medical technician.

I give my permission for Minor to accompany Responsible Adult on an activity outfitted and guided by OARS. OARS may rely on Responsible Adult’s decisions for all purposes regarding Minor, as if such decisions were made by me. I have signed a separate release and indemnity with regard to Minor’s participation and I reaffirm said release and indemnity, in general and specifically with regard to OARS’ reliance on Responsible Adult’s decisions. Unless the signature of a “Second Parent or Guardian” is attached below, I represent and guarantee that no second parent or guardian with legal responsibility for Minor exists.

If OARS or Responsible Adult determines it is necessary, I authorize treatment of Minor for sickness or injury by a Medical Professional. I authorize such use of hospital or treatment facilities as is deemed necessary by a Medical Professional. I release and indemnify OARS, any Medical Professional and all persons connected with and providing care for Minor during the outfitted activity.

Signature of Parent or Guardian: _____

Printed name of Parent or Guardian: _____

Address: _____

Date: _____ Home Phone: _____ Work Phone: _____

Signature of Second Parent or Guardian: _____

Printed Name of Second Parent or Guardian: _____

Address (if different): _____

Family Doctor: _____ Doctor’s Office Phone: _____

Medical Insurance Company _____ ID# _____