

BUS TRIP CONSENT FORM

RELEASE OF LIABILITY & MEDICAL INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____

A parent or guardian must be available on this phone # for the entire duration of the trip!

I understand that Sundown Express INC. is not responsible for any injuries to persons or for damage to property or broken equipment sustained on its trips. The above mentioned corporation acts only to provide services and has no direct control over the various aspects of the trip such as motor-coach or ski area operations. I give permission for medical care to be administered to my son/daughter/ward as prescribed by a physician in case of emergency in the event that I cannot be contacted.

MEDICAL INSURANCE COMPANY: _____

POLICY #: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____

In the event of a medical emergency that requires off-site treatment:

- a. The bus cannot be held at the end of the day
- b. Ambulance transport is the rider's responsibility

Riders from 15-17 years of age riding without an adult must download and have their parent or guardian complete this bus trip waiver.

Please understand that slow travel and mechanical interruptions are inherent to travel by bus and are beyond our control.

Cancellation Policy Full refund within 48 hours of departure, credit towards future trip within 24 hours of departure and **no refunds** after close of business on the day preceding the trip.

Terms Accepted: