

Snowboarding Trip Consent Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact

Contact Name

Contact Phone

Relationship

Medical Information

List any medical conditions or allergies

List any medications

Consent and Acknowledgment

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I acknowledge the risks involved in snowboarding and agree to participate.

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I authorize emergency medical treatment if necessary.



I release the organizers from any liability in case of accident or injury.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date