Sunday Bus Trips
Policy & Release Form

Release Form- I, The undersigned*_____
Understand that when I leave THE SKI HOUSE on a trip the SKI HOUSE INC., THE SKI HOUSE STAFF, SHAPERONES, FISHER BUS, AND FISHER BUS EMPLOYEES shall not be responsible for any injuries or harm that may occur to and from the ski area and during activities in which I participate. I also understand the skiing and snowboarding are dangerous sports in which there is a risk of severe injury or death.

***FOR SKIER UNDER 18 NEED SIGNATURE OF PARENT/GUARDIAN**

PARENT/GUARGIAN SIGNATURE_____

POLICY- Full payment is required to reserve a seat. Think about the dates before committing. Switching dates is a big headache for us. Therefore transferring from one bus to another will incur a $10.00 fee and will not be allowed after Wednesday of the week of the trip. NO REFUNDS!

All departures are prompt. There are no refunds if you miss the bus. There is general seating on the bus, if you wish to sit next to someone you should be early. Prices include lift ticket, transportation, coffee and donuts. Whenever possible we will have movies. We meet and depart from the PARK & RIDE on RT.6 near ROCKLAND TRUST Bank and the BRIGHTMAN STREET BRIDGE. We arrive at the ski area around 9AM weather permitting. We depart the ski area at 4:30 PM and get back to SOMERSET between 8:30-9:30 PM under normal driving conditions. On the way home we will stop at a fast-food restaurant. Anyone under the age of 18 who is not accompanied by a parent or guardian must have a waiver signed by their parent or guardian.

NO ALCOHOL OR SMOKING WILL BE TOLERATED.

THE SKI HOUSE, INC. SKI TOURS

AUTHORIZATION FOR MEDICAL, SURGICAL, and/or DIAGNOSTIC PROCEDURES

NAME OF MINOR
_____

NAME OF INSURED_____

ADDRESS_____

_____ ZIP _____

EMERGENCY PHONE # _____OTHER PHONE #_____

MEDICAL INSURANCE CO._____

ADDRESS _____

_____

POLICY # _____GROUP # _____

I hereby authorize the performance of medical, minor surgical or diagnostic procedures, including the administration of local anesthesia which may be deemed necessary or advisable by an attending physician or surgeon in the diagnosis and emergency treatment of this minor injury at a medical facility, which may be necessary during their participation in a SKI HOUSE SKI TOUR.

_____DATE_____
Signature of Parent or Guardian

NOTICE OF ASSIGNMENT:

I authorize the above signed physician to release ant information acquired in the course of my examination or treatment and permit payment directly to him, at his benefits due me for his services rendered. I recognize and accept personal responsibility for any balance remaining after payment of such benefits.

_____DATE_____
Signature of Parent or Guardian