

RED MOUNTAIN BIKE CAMP

**NOTICE TO PARENTS AND GUARDIANS**  
**ACKNOWLEDGEMENT OF RISKS, MEDICAL INFORMATION AND CONSENT FORM**  
**THIS FORM MUST BE COMPLETED BY THE PARENT OR GUARDIAN OF EACH PARTICIPANT**

Please review <https://www.redresort.com/bikeschool/> for more information about the Red Mountain Bike Camp (the "Program").

**PARTICIPANT**

Name	First Name	Last Name
Date of Birth	D/M/Y	Age

**PARENT/GUARDIAN OF PARTICIPANT**

Name	First Name	Last Name		
Address	Street			
	City	Prov/State	Country	Code
Mobile	Email			

Name	First Name	Last Name		
Address	Street			
	City	Prov/State	Country	Code
Mobile	Email			

**ALTERNATIVE EMERGENCY CONTACT**

Name		Relationship to participant
Mobile	Email	

**PARTICIPANT'S MEDICAL INFORMATION (CONFIDENTIAL)**

ALLERGIES			
MEDICATIONS			
FAMILY DOCTOR	Name	Phone	
MEDICAL INSURANCE	Number	Carrier	
OTHER IMPORTANT MEDICAL INFORMATION YOU WANT US TO KNOW ABOUT (THIS INFORMATION WILL REMAIN CONFIDENTIAL)			

1. Participation in the Program involves risks, dangers and hazards which could result in serious injury. Further information regarding the Program is available on the Red Mountain Website at <https://www.redresort.com/bikeschool/>.
2. In case of an incident involving injury, first aid will be provided and the Parent/Guardian will be immediately notified.

Signature of Parent/Guardian	Date
Signature of Parent/Guardian	Date