



ICE CREEK LODGE GUEST INFORMATION FORM

Guest Name: _____ Trip Dates: _____

Trip Leader's Name: _____

Guest's Mailing Address: _____

City: _____

Province/State: _____ Zip/Postal Code: _____

Country: _____ Date of Birth: _____

Email Address: _____

Home phone number: _____ Cellular phone number: _____

Emergency contact name and number: _____

Please list any food allergies: _____

Effects of food allergies: _____

Dietary restrictions: _____

Advise of any medical conditions and prescribed medications our staff should be made aware of such as a heart condition, asthma, diabetes etc.:

Have you visited Ice Creek Lodge before? If so, when and who was the name of your group leader?



Do you ski or snowboard: _____

Are you celebrating a special occasion while on this trip? _____

Additional comments for your Ice Creek Lodge crew:

**** We highly recommend purchasing Trip Cancellation Insurance** through any major insurance company as all of our trips are non-refundable.

I have purchased Trip Cancellation Insurance: _____

Booking Terms & Conditions

_____ I understand and agree my participation in this reservation is subject to Ice Creek Lodge's [Booking Terms and Conditions](#). I have reviewed and agree to these Terms and Conditions.

Release of Liability (Waiver) Requirement

_____ I understand and agree that: (i) all guests, or their parent/legal guardian for guests under 19, are required to read and agree to Ice Creek Lodge's Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement (the "**Waiver**") prior to boarding the helicopter in order to participate in the trip; (ii) I have had the opportunity to read the Waiver prior to completing this Guest Information Form; (iii) I am voluntarily choosing to participate in this trip fully aware of this Waiver requirement; (iv) I do not have concerns or objections to this Waiver requirement or the terms of the Waiver.

By signing the Waiver, you will waive or give up certain legal rights, including the right to sue for negligence, breach of contract, or breach of the *Occupiers Liability Act* or claim compensation following an accident. PLEASE READ THE WAIVER CAREFULLY << [ICL Waiver Winter](#) >>. Upon arrival, you will be required to read and agree to a paper version of the Waiver. It is your obligation to contact us prior to completing this Guest Information Form if you have any objections to this Waiver requirement or the terms of the Waiver.

Guest Signature: _____ Date: _____