



## Personal Information Form

You are required to complete and submit this form to us no later than 60 days prior to travel. Please complete ALL sections of this form.

Prior to heli-skiing all participants will be required to sign a "Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement" and a Skier Questionnaire. All details will remain strictly confidential.

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Gender: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Tour Code: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Language: \_\_\_\_\_ Waiver Preference:      English      German      French

Birth Date (DD//MM/YYYY): \_\_\_\_\_      Snowboarder      Skier

### Corporate Information

Have you skied with Tyax before? \_\_\_\_\_ When: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Pre and Post Accommodation

Hotel Name (Prior): \_\_\_\_\_

Hotel Name (Post): \_\_\_\_\_

\*Please note your itinerary confirming your pick up and drop off locations will be emailed 2 weeks prior to arrival. Please also note we do not collect guests at private homes or AirBnBs.

**PAGE 1 of 2**



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### Medical Information

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Do you have an EpiPen?    YES    NO

Dietary Concerns: \_\_\_\_\_

Are you lactose intolerant?    YES    NO                      Do you have a gluten allergy?    YES    NO

Are you Vegan?                      YES    NO

Are you Pescatarian?              YES    NO

### Travel Insurance/In-Canada Health Insurance

Plan Name: \_\_\_\_\_

Plan Ref #: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Emergency Contact Information

**Primary Contact:**    First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Secondary Contact**    First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PAGE 2 of 2**