



Minor Release Form

Dear Parents:

As you know, your child, _____, has signed up for my Sierra Club trip _____, # _____, beginning on _____ and ending on _____. The trip starts at roadhead: _____ and ends at roadhead: _____.

Since your child is under 18 years of age, Sierra Club policy requires that he or she have an adult sponsor on the trip and he or she has asked me to so act. I will be happy to do so provided that you grant me that authorization requested. This is particularly necessary in the event of an emergency requiring medical care, because many medical facilities will not treat a minor in the absence of written parental authorization of the sort requested. We will attempt to notify you in the event of an emergency. Please be sure to complete both sides of this form, including your contact information.

Unless other arrangements are made with my agreement, it will be your responsibility to see that your child is transported to the beginning roadhead and picked up from the ending roadhead of the trip. (I would appreciate knowing the details of this arrangement.) Unless otherwise agreed, my sponsorship will exist only during the trip. I will expect your child to follow my instructions and conditions. The Sierra Club does not provide hospital or medical insurance for trip members. If you do not have such coverage, you should consider obtaining it for your child while he or she is on the trip, as helicopter evacuations or other procedures can often be quite expensive. If you have coverage, please let me know the name of the insurer and policy number.

Please fill out and return to me the **Authorization to Trip Leader Form** (on back) that authorizes me, as trip leader, to provide emergency medical care or to arrange for evacuation and such other medical care to be furnished to your child as I deem desirable or necessary during the trip and, on your behalf, to execute such forms, consents or releases as may be appropriate or necessary under the circumstances. You should also authorize me to delegate this authority to such other person or persons as I, in my sole discretion, may select. The latter is necessary, because it may not be possible for me to accompany an injured person to a hospital, and in such instances, I would normally send another staff member, or if none is available, a responsible trip member if such is required.

Please let me know if you have any questions. I look forward to receiving your prompt response.

Sincerely,

Trip leader: _____

Trip number & name: _____

AUTHORIZATION TO TRIP LEADER

The undersigned, being the parents of _____ (child), a minor, hereby authorize _____ (Leader) to arrange or provide _____ (child) medical assistance in the event of accident, illness, or injury, including and without limitation, helicopter evacuation, ambulance service, medication, hospitalization, and surgery, and to execute such forms, consents, and releases as may be appropriate, necessary, or desirable under the circumstances.

The undersigned further authorizes _____ (leader) to delegate the authority granted herein to such other person or persons as he or she in his sole discretion may select.

Print name

Signature

Date

Print name

Signature

Date