

PLEASE PRINT CLEARLY or TYPE

**European
Adventure
Tour 2009**

EMERGENCY MEDICAL CONSENT and RELEASE FORM

**BUZZ'S SPORT TOURS P.O. BOX 1120 AGOURA HILLS, CA 91376-1120
(818) 707-6907**

E-mail address: _____ @ _____

Participant's LAST NAME, _____ FIRST NAME _____ AGE: _____ BIRTHDATE ____/____/____

SEX: _____ MALE _____ FEMALE Height _____ Weight _____

Passport # _____ PLACE of BIRTH: _____
City State Country

ALLERGIES: _____

DAILY MEDICATION NEEDED: _____

LIST IMPORTANT PAST MEDICAL HISTORY: _____

Swimming Ability: Can't swim Beginner Intermediate Advanced

Bike Riding Ability: Can't ride a bike Beginner Intermediate Advanced

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACTS: **DAY PHONE:** **EVENING PHONE:**

MOM _____ () _____ - _____ () _____ - _____

DAD _____ () _____ - _____ () _____ - _____

Other _____ () _____ - _____ () _____ - _____

Parent's E-mail: _____ @ _____

(This document will be destroyed after this tour)

MEDICAL RELEASE CLAUSE:

I AGREE THAT THE TOUR GUIDES FROM BUZZ'S SPORT TOURS MAY GIVE MY PERMISSION TO HAVE MEDICAL OR SURGICAL ASSISTANCE PERFORMED THAT MY SON AND/OR DAUGHTER MAY REQUIRE AND THAT I WILL BE RESPONSIBLE FOR PAYMENT OF EXPENSES INCURRED. (**Medical and trip insurance is NOT included in the trip price**)

IT IS UNDERSTOOD THAT THIS CONSENT IS GIVEN IN ADVANCE OF ANY ACCIDENT OR INJURY OR ILLNESS THAT REQUIRES DIAGNOSIS AND / OR TREATMENT, BUT IS GIVEN TO ENCOURAGE THE DOCTORS TO USE THEIR BEST MEDICAL JUDGEMENT AND PROCEED IMMEDIATELY WITH ANY NECESSARY TREATMENT. THIS AUTHORIZATION FOR DIAGNOSIS AND/OR TREATMENT SHALL REMAIN EFFECTIVE FOR THE DURATION OF THIS TOUR. IT IS ALSO UNDERSTOOD THAT THE TOUR LEADERSGUIDES WILL TRY TO CONTACT ME PRIOR TO TREATMENT AND SHOULD I NOT BE REACHED, THE ABOVE CONSENT WILL BE EFFECTIVE.

PARENT / GUARDIAN SIGNATURE **if under age 18** PRINT NAME DATE

PARTICIPANT SIGNATURE PRINT NAME DATE

BUZZ'S European Adventure 2009 Trip Application Form

BUZZ'S ADVENTURE TOURS (818) 707-6907

Attach
1 - Passport Photo
Here!

Please check your school calendar for Last day of class, Finals, Graduation, Summer School, Etc. (NOTE: there are NO refunds on your trip deposit)

Please select one tour below. X in the box.

Tour # 1 May 26 – June 16, 2009
\$4,195.00 **Includes Airfare**

Tour # 2 June 16 – July 7, 2009
\$4,495.00 **Includes Airfare**

Tour # 3 July 7 – 28, 2009
\$4,495.00 **Includes Airfare**

Please attach one passport photo with
This trip application and mail **TODAY!**
Trip is limited to the first 50 people.

***Custom dates are available.
You can drop London or Amsterdam
Or add on other cities.
Call BUZZ today!***

***Print or type in BLOCK LETTERS.**

****Print your name as it appears on your passport.**

→ _____

Participant's **Legal LAST NAME,** **FIRST NAME** Middle

AGE: _____ BIRTHDATE ____/____/____ Home phone () _____ - _____

SEX: MALE FEMALE Height _____ Weight _____ lbs. Email: _____

Passport # _____ You can notify us at a later date. **Citizenship** **U.S.** or Other _____

If you need a passport, stop by your local U.S. Post Office and pick up a FREE application.
Ask the clerk for the location & phone number of the nearest "U.S. Post Office - Passport Processing Center".

Your Permanent Street Address **Apt. #**

City **State** **Zip Code**

I have enclosed a check # _____ in the amount of **\$400.00** or I Understand that this deposit is **NON-REFUNDABLE** and it will be used to book and guarantee the price on my trains and pre-book my lodging. I understand that I can make payments for this trip on my own schedule and **I agree to have the trip paid in full by April 1, 2009** or you will be cancelled with no refund on deposits made prior to April 1, 2009 Late fee of \$75.00 for all payments received after 5/1/2009

Participant Signature Required. I have completely read and fully understand the "Release Agreement" and the "Terms and Conditions" as supplied herewith (on the back side of cover letter) and agree to bound hereby, and to comply herewith.

Signature of applicant _____ Date _____

Parent or legal guardian signature required. I am the parent or legal guardian of the above minor applicant. I have completely read and fully understand the "Release Agreement" and the "Terms and Conditions" as supplied herewith (on the back side) and agree to bound hereby, and to comply herewith.

Signature of parent or legal guardian _____ Date _____

Print name of parent or legal guardian: _____

MAIL TO:

BUZZ'S P.O. BOX 1120 AGOURA HILLS, CA. 91376-1120

818-707-6907