



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

Pre-Accommodation: _____

Post Accommodation: _____

*Please note that your itinerary confirming your pick up and drop off locations will be emailed out 2 weeks prior to arrival



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Medical Information

Medical Conditions: _____

Allergies: _____

Dietary Concerns: _____

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: _____

Notes/Requests

