



## ALPINE ASCENTS APPLICATION

Please print all information legibly:

Name of Expedition/Course: \_\_\_\_\_ Dates of Expedition/Course: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

In Case of Emergency please notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### INTERNATIONAL EXPEDITIONS ONLY

Passport number: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Place of Issue: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizen ship: \_\_\_\_\_

I prefer to share a double room  I prefer single accommodations at an additional cost

Is there another member of this expedition that you wish to be paired with? \_\_\_\_\_

How did you learn about Alpine Ascents International? \_\_\_\_\_

Have you participated in other Alpine Ascents trips/courses? \_\_\_\_\_ If so, please list: \_\_\_\_\_

Have You Read and Signed the Terms & Conditions, Release and Medical Form pages of this application? \_\_\_\_\_

### PAYMENT INFORMATION:

I am paying my deposit (includes non-refundable application fee)  I am paying my balance due.

I have already placed my deposit for this program.

I would like to use the Auto-Pay feature and have my balance automatically charged on the due date.

Upon receipt of deposit, we will send a written notice of acceptance and confirmation package for your particular expedition/course. Please see specific expedition/course brochure or website for deposit amount and balance due requirements. Thank you.

I have enclosed \$ \_\_\_\_\_ Make checks or money orders payable to: **Alpine Ascents International**

Visa/MasterCard/Amex# \_\_\_\_\_ Expires: \_\_\_\_\_ CVV / CVC# \_\_\_\_\_

## MEDICAL INFORMATION

Please answer each question, providing detailed information on dates and type of medical treatment. Please attach a separate sheet if necessary. Your signature on this form certifies that your statements below are true. Alpine Ascents International reserves the right to refuse service at the climber's expense due to misrepresentation of medical and biographical information.

1. Have you ever had frostbite or any related cold weather injury/illness? No Yes. Please describe:
2. Have you ever experienced any form of altitude illness? If so, please describe rate-of-ascent, altitude, medication and recovery procedures. No Yes. Please describe:
3. List any major accidents, illnesses or operations you have had in the past five years.
4. List any/all physical/mental limitations or medical conditions that may restrict your ability to climb on this expedition.
5. Do you have back or knee problems? No Yes. Please describe
6. List any/all medications you will be taking on this trip and why:
7. List any/all allergies to food and/or medication:
8. Dietary restrictions (specify): None Vegetarian Other
9. Do you wear corrective lenses? No Yes
10. Do you smoke? No Yes
11. Are you familiar with standard first-aid and current CPR techniques? No Yes
12. Do you carry any medical insurance? No Yes If Yes, please name insurance company or provider

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## FITNESS/CLIMBING BIO

Please describe what you do to keep fit and any/all mountaineering and other outdoor experience you may have. This information is very useful, as we strive to cater each trip to match individual needs and goals. Signing this form indicates that you understand and comply with the physical fitness requirements for your program.

Weekly fitness routine:

How will you modify your training regimen to prepare for this trip? (If applicable)

Please list any/all mountaineering and other outdoor experience you may have. Attach additional sheet if necessary.

Signature of participant: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name & Date of Trip: \_\_\_\_\_

## TERMS AND CONDITIONS

**CANCELLATION AND REFUND POLICY:** **Note:** Alpine Ascents International *highly recommends* trip cancellation insurance for all programs. Due to the nature and heavy costs of government and operator permits, Alpine Ascents International must adhere to a stringent refund policy. Specific program cancellation and refund policies may supercede those enumerated below.

- Each deposit, regardless of amount, includes a \$200.00 non-refundable registration fee.
- All Expedition balances are due 90 days prior to departure date unless otherwise specified.
- Full refunds, less registration fee, will be provided 90-days prior to departure date.
- 50% refunds will be provided 60-89 days prior departure date.
- No refunds will be provided 59-days prior to departure date.
- Participants whose balances are not received by the 90-day deadline as stated above, risk forfeiture of their place on the program.
- All refund requests must be made in writing and be received in our office within the 90-day period, as stated above.
- Specific refund policies apply to Denali, Everest, Vinson, Cho-Oyu, Greenland, Carstensz Pyramid. See trip brochures/website for current policies.

### TRIP CANCELLATION INSURANCE:

We highly recommend purchasing trip cancellation insurance. Alpine Ascents International offers plans in conjunction with Traveler. Detailed policy information will be sent upon receipt of deposit. Policies available online at [www.Traveler-Insurance.com](http://www.Traveler-Insurance.com). Enter location #47-0553.

### PARTICIPANT RESPONSIBILITY:

Trip participants are responsible for their own well-being. This includes good health and strong physical condition. Participants joining a trek, course or mountaineering expedition may be required to obtain a physician's release prior to departure. Expedition members are responsible for: knowing all pre-departure information, preparing proper equipment and clothing, conforming to basic standards of personal hygiene (to minimize the risk of travelers diseases) and acting in a considerate manner toward all group members and with respect for each country's customs. Participant also agrees to follow the appropriate Leave No Trace practices. Participants are prohibited from using illegal drugs and alcohol while on AAI courses and climbs. Participant gives their consent for AAI to use their photograph, likeness and/or voice to be used in its publications, including its website.

### AIRLINE RESPONSIBILITY:

The air carrier will not be held responsible for any act, omission or event while the passenger is not on-board the designated aircraft or terminal conveyance. Passenger/Airline contracts stand in effect while the passenger is on-board each particular aircraft. This applies to all carriers.

### CONDITIONS OF CLIMBING EXPEDITIONS, COURSES AND TREKS:

**We are committed to helping climbers achieve their personal goals safely and enjoyably.**

Alpine Ascents International, Inc., its owners, sponsors, agents, employees, officers, directors, associates, affiliated companies and subcontractors (herein after collectively referred to as "AAI"), hereby give notice that they act only as agents for hotels, transportation companies, land operators and suppliers of travel services. AAI assumes no responsibility or liability in connection with the operation or service of any aircraft, motor vehicle, other conveyance, inn, lodge or hotel which may be used wholly, or in part, for services to Alpine Ascents International, Inc. and its clients. AAI, its operators, airlines and agents will not be responsible for any act, error, omission, nor for any injury, loss accident, delay, inconvenience, irregularity or damage which may be occasioned by any cause whatsoever. This includes acts of nature, civil disturbance, government restrictions or failure of any means of conveyance to adhere to published schedule.

AAI reserves the right to change the price of, cancel or withdraw any trek, course or expedition for any reason whatsoever prior to departure. After departure, AAI reserves the right to alter or omit any part of the itinerary, to substitute hotels or leaders, to change any means of conveyance without notice and without allowance of refund, with liability for increased costs (if any) borne by the trek, course or expedition members. AAI reserves the right to accept or reject any person as a trek, course or expedition member at any time.

I understand, and am aware, that during the trek, climb, course or expedition in which I am currently participating, or will participate in, under the arrangements of AAI, certain risks and dangers may arise including, but not limited to: altitude; steep or treacherous terrain; inclement weather; avalanches, rock fall and other natural occurrences; misuse, failure or loss of equipment; shortage of food or water supply; the hazards of traveling in politically unstable areas; the dangers of civil disturbances and war; the forces of nature; acts or omissions of AAI; travel by boat, automobile, train, ship, aircraft or other means of conveyance; and accident or illness in remote places without access to medical facilities, transportation, or means of rapid evacuation and assistance.

I certify that I am familiar with the dangers, hazards and risks incident to trekking and mountain climbing expeditions/courses as listed above. And I accept and clearly understand that these hazards and risks may result in personal injuries to myself and others, including paralysis and death, and hereby expressly assume all of the above risks including, the risks of acts or omissions of AAI, and do hereby expressly agree to hold AAI harmless and defend them against any and all liability.

In consideration of the services furnished me, and to be furnished me as a member of this trek, course and/or mountaineering expedition, I hereby release AAI and all the members of the trek, course and/or mountaineering expedition from any and all damages, injuries, losses, or any cause of action which may result in me, my legal representatives or others purporting to exercise statutory or other rights arising out of, or in connection with this expedition. And I hereby assume each and every damage incident to my participation, and agree to indemnify and hold harmless AAI and all members of the trek, course and/or expedition against any sums which they, or any of them may be subject to pay in consequence of any claim or demand by or through me, or resulting from my being a member of this trek, course and/or mountaineering expedition.

**I agree to all TERMS AND CONDITIONS as stated above.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print full name:** \_\_\_\_\_

## PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration of the services of Alpine Ascents International, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "AAI"), I hereby agree to release, indemnify, and discharge AAI, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in a guided mountaineering trip entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** the hazards of walking on uneven terrain and slips and falls; being struck by rockfall, icefall or other objects dislodged or thrown from above; the use of climbing ropes and equipment; the forces of nature, including lightning, weather changes and avalanche; the risks of falling off the rock, mountain or into a crevasse; the risks of exposure to insect bites; the risk of altitude and cold including hypothermia, frostbite, acute mountain sickness, cerebral and pulmonary edema; my own physical condition, and the physical exertion associated with this activity.

Furthermore, AAI employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless AAI from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of AAI's equipment or facilities, **including any such claims which allege negligent acts or omissions of AAI.**
4. Should AAI or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against AAI, I agree to do so solely in the state of Washington, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against AAI on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

### PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by AAI to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless AAI from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_