

## Program Application

Program \_\_\_\_\_ Program Date \_\_\_\_\_

Please be sure you have completed and signed all of the following forms:

- |   |  |
|---|--|
| A. <input type="checkbox"/> Participant's Information | C. <input type="checkbox"/> Medical Information                  |
| B. <input type="checkbox"/> Previous Experience       | D. <input type="checkbox"/> Program Policies                     |
|   | E. <input type="checkbox"/> Participant's Acknowledgment of Risk |

### A.) PARTICIPANT'S INFORMATION

Full Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell# \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Occupation \_\_\_\_\_

#### Emergency Contact Information

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell# \_\_\_\_\_ Work # \_\_\_\_\_

What are your goals for this program? \_\_\_\_\_  
\_\_\_\_\_

How did you hear about Pacific Alpine Guides? \_\_\_\_\_  
\_\_\_\_\_

### B.) PREVIOUS EXPERIENCE

Please list previous experience applicable to your trip. Feel free to use space below or attach an extra sheet.

#### Mountaineering

General Experience: \_\_\_\_\_  
\_\_\_\_\_

Rock/Ice Climbing Experience: \_\_\_\_\_  
\_\_\_\_\_

#### Skiing/Snowboarding

# Years Skiing/Riding: \_\_\_\_\_ #Days Per Season (Avg): \_\_\_\_\_ Ski Area \_\_\_\_\_ Backcountry \_\_\_\_\_  
Ability Level (Circle): BEGINNER INTERMEDIATE ADVANCED EXPERT  
In what type of terrain or snow conditions do you feel most confident? \_\_\_\_\_

Least confident? \_\_\_\_\_

Have you ever taken an avalanche course before? \_\_\_\_\_

### C. MEDICAL INFORMATION

Please answer the following questions in as complete and detailed a manner as possible. Attach additional pages as necessary.

Please describe your overall health: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a history of, have you ever had, or do you currently suffer from any of the following?

- |  |   |
|--|---|
| <input type="checkbox"/> Respiratory problems? Asthma?                 | <input type="checkbox"/> Diabetes                                       |
| <input type="checkbox"/> Heart disease or family history?              | <input type="checkbox"/> Migraine headaches                             |
| <input type="checkbox"/> Neurological problems, epilepsy, or seizures? | <input type="checkbox"/> Bleeding or blood disorders?                   |
| <input type="checkbox"/> Concussion or head injury?                    | <input type="checkbox"/> Hepatitis or other blood borne pathogens?      |
| <input type="checkbox"/> Dizziness or fainting episodes?               | <input type="checkbox"/> Gastrointestinal problems or disorders         |
| <input type="checkbox"/> Vision or hearing impairment?                 | <input type="checkbox"/> Urinary or reproductive disorders?             |
| <input type="checkbox"/> Knee, leg, hip, ankle, or foot injuries?      | <input type="checkbox"/> Shoulder, elbow, wrist, arm, or hand injuries? |
| <input type="checkbox"/> Back or neck problems?                        | <input type="checkbox"/> Joint dislocations?                            |
| <input type="checkbox"/> Altitude sickness (general AMS or HAPE, HACE) | <input type="checkbox"/> Frostbite, frostnip or Raynaud's Syndrome?     |
| <input type="checkbox"/> Heat related illness or heat stroke?          | <input type="checkbox"/> Are you currently pregnant?                    |

If you checked any of the above boxes, please describe in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any conditions not listed on this form that could affect your health, or your participation in this program?

\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications (prescription or non-prescription) on a regular or intermittent basis? If so, please list medications, dosage, and why you're taking them:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies such as plants/pollens, insects, foods, or medications? If so, please describe your reaction.

\_\_\_\_\_  
\_\_\_\_\_

Do you have any dietary restrictions? \_\_\_\_\_  
\_\_\_\_\_

Please describe your general level of physical fitness and any training you are doing to prepare for this program:

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Height: \_\_\_\_\_

Weight: \_\_\_\_\_

**I certify that the information provided above is accurate and complete. I agree to inform Pacific Alpine Guides should there be any changes in my health status prior to the start of the program.**

**Participant's Full Name [Please Print]** \_\_\_\_\_

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The parent or guardian of the participant must accept the terms and conditions of this medical form on behalf of the minor participant.

**Parent/Guardian's Full Name [Please Print]** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **D. PROGRAM POLICIES**

Please read the following terms and conditions carefully before signing.

### PAYMENT

- A 25% deposit is required to secure your reservation. Please note that this deposit is nonrefundable.
- For domestic programs, final payment (75%) is due 60 days prior to the start of your program. For programs in Canada, final payment is due 90 days prior to the start of your program.
- For signups within 60 days of the program start date, full payment is due at signup.

### CANCELLATION & REFUNDS

- Our cancellation policy strives to be fair to all parties involved. Given enough advanced notice, we can refund most of the fees for your trip. However, as this is a time sensitive business that involves scheduling guides, permits, and other resources far in advance, please understand that we cannot make exceptions to this policy.
- Cancellation requests must be received in writing for a refund. Cancellations are effective as of the time we receive the written request.
- For domestic programs, refund policy for cancellations is as follows:
  - More than 60 days prior to the start of the trip: Full refund less deposit (75% of the total program cost).
  - 30 to 60 days prior to the start of the trip: Partial refund equal to half (50%) of the total program cost.
  - Less than 30 days prior to the start of the trip: No refund will be issued.

- For programs in Canada:
  - More than 90 days: Full refund less deposit.
  - 60 to 90 days prior to the start of the trip: Partial refund equal to half (50%) of the total program cost.
  - Less than 60 days prior the start of the trip: No refund will be issued.

**We strongly recommend purchasing travel insurance.**

#### TRAVEL INSURANCE

- Travel insurance is recommended for all of our programs. Please note that many plans require insurance be purchased within 21 days of your initial deposit.
- More information is available at [pacificalpineguides.com/registration](http://pacificalpineguides.com/registration)

#### CHANGE OF DATE

A change of date may be requested up until 30 days prior to the start of your program, subject to availability and applicable only to the current season.

#### GENERAL POLICIES

1. We reserve the right to cancel any program before it begins for any reason. In such an instance a full refund will be provided, however Pacific Alpine Guides cannot be responsible for nonrefundable expenses (airline tickets, hotels, etc.) incurred by the participant.
2. Weather/Road Closure Cancellation: If a program is cancelled before it begins due to weather or road closures, a rain check will be offered.
3. Once a program begins, no refunds will be issued for any reason, including non-participation.
4. Changes of Itinerary: We reserve the right to modify or the change the itinerary of a program at any time. This includes changing routes/objectives based on what is appropriate for the conditions or the group.
5. The success of programs with defined objectives such as summit climbs, climbing or skiing routes, etc., is affected by a multitude of factors including weather, mountain conditions, group dynamics, etc., and is in no way guaranteed.
6. Early Departures: No refunds will be given for participants leaving a trip early, by personal choice or by discretion of the guide. All costs incurred in such an instance are the responsibility of the participant.

**I have read and understand Pacific Alpine Guides LLC's Program Policies and agree to these terms and conditions.**

**Full Name [Please Print]** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **E. PARTICIPANT'S ACKNOWLEDGMENT OF RISK**

In consideration of the services of Pacific Alpine Guides LLC, their officers, agents, employees, and stockholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as "Pacific") I agree as follows:

Although Pacific has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, Pacific has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or extreme cases, permanent trauma or death. Pacific does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks.

- (a) Hazards related to mountain and rock climbing, skiing, backcountry skiing, ski mountaineering, and other forms of travel through mountainous terrain;
- (b) Falls;
- (c) Crossing, climbing, or climbing down rock, snow, and ice; and steep or uneven terrain;
- (d) Snow related hazards including instability of the snowpack, avalanches, unsupportable snow, deep snow, tree wells;
- (e) Travel and river crossings, including travel to and from the activities;
- (f) Traveling in glaciated terrain, including; crevasse falls, crossing crevasses, and snow bridges;
- (g) Being struck by rockfall, icefall, or other objects dislodged, dropped or thrown from above;
- (h) Altitude related sicknesses and conditions including, but not limited, to acute mountain sickness, pulmonary edema, cerebral edema, and retinal hemorrhage;
- (i) Cold weather related injuries including hypothermia, frostnip and frostbite that may result in loss of limbs, digits, and permanent scarring;
- (j) Heat related illnesses, including heat exhaustion and heat stroke;
- (k) My own capabilities may contribute to the risk, including my sense of balance, physical coordination, and ability to follow instructions, and actions of other participants;
- (l) If I experience fatigue, chills, or dizziness during the activities, my reaction time will be diminished and the risk of accident will increase;
- (m) Equipment failure, or injury from equipment;
- (n) Accidents or illnesses occurring in remote places without available medical facilities.

I am aware that mountaineering entails risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the staff of Pacific has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.



I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death, or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and, as a result of my negligence in participating in this activity.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family, including minor children.

**Participant's Full Name [Please Print]** \_\_\_\_\_

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Under 18, signature of parent or guardian

**Parent/Guardian's Full Name [Please Print]** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_