



PROGRAM APPLICATION

PROGRAM INFORMATION

Program Name & Location _____

Program Date(s) _____

Private Program or Trip/Course? _____

PARTICIPANT INFORMATION

Applicant's Full Name _____ Gender _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone (home) _____ Phone (mobile) _____

Phone (work) _____ Email address _____

Birthdate _____

PARENT/GUARDIAN INFORMATION (if applicant is under 18)

Parent's Name _____ Attending with son/daughter? Yes _____ No _____

Parent's Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone (home) _____ Phone (mobile) _____

Phone (work) _____ Email address _____

EMERGENCY CONTACT INFORMATION

Contact Name _____ Relationship to You _____

Contact Address _____

Phone (home) _____ Phone (mobile) _____

Phone (work) _____ Email address _____

PARTICIPANT MEDICAL INFORMATION

Please fill in every blank, or mark N/A if not applicable. Complete disclosure of all medical and health history is essential so we can provide the safest and most enjoyable experience possible. Please attach an additional sheet if necessary.

1. Height _____ Weight _____ Approximate Waist Size _____ Street Shoe Size _____

2. Do you have any dietary restrictions and/or preferences? Please describe: _____

3. Do you have any allergies to food, medicine, or insect bites and stings? _____

What is your reaction to the allergy and what medications are required (if any)? _____

4. Please list any medications you will be taking during this trip: _____

What are you taking the medication(s) for? _____

5. Do you have, or have you had, any of the following conditions?

	Yes	No		Yes	No
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Frostbite	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Circulation Problems	<input type="checkbox"/>	<input type="checkbox"/>
Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Family History of Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal Problems	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Problems	<input type="checkbox"/>	<input type="checkbox"/>	Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Joint Problems (knee, shoulder, etc)	<input type="checkbox"/>	<input type="checkbox"/>	Neck or Back Problems	<input type="checkbox"/>	<input type="checkbox"/>
Altitude related illness	<input type="checkbox"/>	<input type="checkbox"/>	Currently Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal injuries	<input type="checkbox"/>	<input type="checkbox"/>	Recent surgeries	<input type="checkbox"/>	<input type="checkbox"/>
Fainting or Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Chronic illness	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered "yes" to any of the above items, please explain each in detail. Attach an additional sheet if necessary.

6. In the past five years, have you had any major accidents, illnesses, or operations? If yes, please describe.

7. Please note any other physical limitations or medical conditions that might restrict your full participation in this program.

8. Please list the activities you engage in daily or weekly that indicate your current fitness level.

9. What special things will you be doing to prepare for this program? _____

INSURANCE INFORMATION

Each participant is responsible for any medical and rescue expenses incurred and is responsible for his/her own sickness and accident insurance. Please be sure your policy will cover you while climbing and/or skiing.

Insurance carrier name _____

Policy or certificate number _____ Phone _____

Have you purchased **travel insurance** for this program? _____

PAYMENT INFORMATION

If you are applying for a program more than 60 days in advance we require a 50% deposit to complete your reservation. If you are applying for a program less than 60 days in advance we require full payment. Program fees can be found on the webpage of your chosen program. If you are unsure of your program fee please contact us and we will assist you.

We prefer payment by personal check, cashier's check, or money order made payable to "Peak Mountain Guides LLC". Payments can be mailed to:

Peak Mountain Guides LLC
PO Box 992
Ridgway, CO 81432

Payment by Mastercard or Visa is available upon request. If you would like to pay by credit card please give us a call at 970-318-1011 and we will take your payment over the phone. Thank you.

OTHER INFORMATION

How did you hear about Peak Mountain Guides? _____

PEAK MOUNTAIN GUIDES LLC

TERMS AND CONDITIONS

CANCELLATIONS, TRANSFERS, AND REFUND POLICY

- Your application must be accompanied by a 50% deposit to register for the program.
- The remaining balance is due 60 days prior to the program start date.
- If notice of cancellation is given in writing at least 60 days prior to the program start date, you will be refunded your full deposit except for a \$50.00 processing fee.
- If notice of cancellation is given in writing within 59 - 30 days prior to the program start date, a cancellation fee equal to the deposit amount will be charged.
- If notice of cancellation is given in writing less than 30 days prior to the program start date, a cancellation fee equal to 100% of the program fee will be charged.
- If you wish to transfer your registration to different program a \$50.00 administrative fee will be charged. Transfers are not allowed if the transfer would result in cancellation of the original program due to low enrollment.
- Once the program has begun there will be no refunds issued for any reason.

TRIP CANCELLATION INSURANCE

We strongly recommend you purchase trip cancellation insurance to cover the cost of your program fees and travel costs in the event you need to cancel your program because of personal injury or illness, business or family emergencies, or any other unforeseen circumstances. Travel insurance is available from a variety of providers such as TravelGuard.

RELEASE AGREEMENT

In order to participate in this program you are required to sign the Peak Mountain Guides LLC Liability Release, Waiver and Indemnification, and Express Assumption of Risk (the "Release"). You agree to review and understand the Release before committing to the program. Your refusal to sign the Release, or your modification of the Release terms, will not entitle you to a refund of any sort.

TRIP OPERATIONS

Peak Mountain Guides LLC reserves the right to change the itinerary of the program, or cancel segments of the program, at any time before or during the program. In the event of cancellation or alteration of a program Peak Mountain Guides LLC is not responsible for expenses incurred in preparation for the program, such as airfare or travel costs, or for additional expenses that are incurred due to the cancellation or alteration. Peak Mountain Guides LLC may also direct the timing and extent of your participation in the program as deemed necessary to provide a safe experience.

EQUIPMENT

You are responsible for bringing all of the clothing and equipment included on the program equipment list. If you lose or damage Peak Mountain Guides equipment you will be responsible for replacing it at full MSRP value.

PARTICIPANT RESPONSIBILITY

I hereby certify that I am in sufficiently good health and have suitable physical fitness to attend this climbing and/or skiing program offered by Peak Mountain Guides LLC. The information provided on my application is a complete and accurate statement of the physical factors that may affect my participation in a climbing and/or skiing program offered by Peak Mountain Guides LLC. I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment and that I have not been diagnosed by a registered doctor as having a terminal illness. I realize that failure to disclose such information could result in harm to myself or my fellow participants, and I agree to indemnify and hold harmless Peak Mountain Guides LLC if all relevant information is not disclosed. I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever, or if any injury is sustained of any kind during the course of climbing and/or skiing activities, I will notify the Instructor/Guide/Spotter immediately and before moving any further.

I, (name) _____, have read, understand, and agree to the terms and conditions described above.

Signature _____ Date _____

Parent/Guardian signature if under 18 _____

**LIABILITY RELEASE, WAIVER AND INDEMNIFICATION,
AND EXPRESS ASSUMPTION OF RISK
PEAK MOUNTAIN GUIDES LLC**

**THIS COPY FOR REVIEW ONLY
YOU WILL BE ASKED TO SIGN THE RELEASE ON THE FIRST DAY OF THE PROGRAM**

THIS IS A LEGALLY BINDING RELEASE, WAIVER, INDEMNIFICATION OF LIABILITY, AND EXPRESS ASSUMPTION OF RISK (the "Release"). Read it carefully, fill in all blanks, initial each paragraph as evidence of your agreement, and sign where indicated below.

____ 1. I, _____, hereby affirm that I have read this Release in its entirety. By my signature below and by my initialing each paragraph, I agree to each and every term and condition of this Release.

____ 2. I have voluntarily requested that Peak Mountain Guides LLC take me ice climbing, rock climbing, mountaineering, ski touring, ski mountaineering, or backcountry touring for avalanche education. I understand that ice climbing, rock climbing, mountaineering, ski touring, ski mountaineering, and backcountry touring for avalanche education are extremely dangerous, strenuous, and physically demanding activities. (The activity I have chosen is referred to herein as the "Activity"). I am unaware of any physical or mental condition that would (a) prevent me from safely participating in the Activity or (b) endanger my health or safety or the health and safety of others due to my participation in the Activity. I attest that I am physically fit and competent to participate in the Activity I have chosen, and that all of my questions regarding the Activity have been answered to my satisfaction. I further acknowledge that I am responsible for my own health, safety, and welfare. I have adequate insurance to cover any injury, damage, or rescue expense that I may suffer or cause while participating or I agree to bear the cost of such injury, damage, or rescue personally.

____ 3. I understand the risks and hazards of the Activity. I UNDERSTAND THAT THERE ARE DANGERS AND RISKS INHERENT IN THE ACTIVITY, INCLUDING THE RISK OF SERIOUS PERSONAL INJURIES, PARALYSIS, AND DEATH. I understand that the hazards and risks of the Activity include, but are not limited to: traveling to, from, and in mountainous terrain; car, bus, train and/or plane accidents; accident or illness in remote places without any or adequate medical facilities; being hit or crushed by falling rocks, ice, snow, equipment, climbers, or other debris; falling; head injuries; sprains or broken bones; avalanches; falling into crevasses; river crossings; equipment failure; dehydration; hypothermia; injury due to the errors and/or negligence of myself, Peak Mountain Guides LLC, other guides, and/or others; exposure to extreme heat or cold, rain or snow, high altitude, thunderstorms and/or lightning; acute mountain sickness; cerebral and/or pulmonary edema; and criminal and/or terrorist acts. I understand that the aforementioned hazards and risks are described by way of example only, and that there are numerous other unknown or unanticipated risks to which I may be exposed.

____ 4. IN ADDITION TO ANY FEES I HAVE PAID OR WILL PAY, AS LAWFUL CONSIDERATION FOR MY BEING ALLOWED TO PARTICIPATE IN THE ACTIVITY:

____ a. I, on behalf of myself, my family, heirs, successors, assigns, and anyone claiming any interest through me, hereby KNOWINGLY, INTENTIONALLY AND VOLUNTARILY WAIVE, RELEASE, INDEMNIFY AND AGREE TO HOLD HARMLESS Peak Mountain Guides LLC and all officers, agents, employees, stockholders, members, directors, managers, volunteers, and all other persons or entities associated with Peak Mountain Guides LLC (herein collectively referred to as the "Released Parties") FROM ANY AND ALL ACTIONS, SUITS, CLAIMS, DAMAGES, AND LIABILITY (INCLUDING ATTORNEY FEES AND COSTS), THAT I, my family, heirs, successors, assigns, and anyone claiming any interest through me, MAY HAVE FOR ANY DAMAGE, INJURY, PARALYSIS, LOSS, OR DEATH TO MYSELF OR ANY OTHER PERSON OR PROPERTY ARISING OUT OF MY PARTICIPATION IN THE ACTIVITY, whether such any damage, injury, paralysis, loss, or death results from NEGLIGENCE of any of the Released Parties or from some other cause.

____ b. I understand and agree that none of the Released Parties may be held liable or responsible in any way to me or my family, heirs, successors, assigns, or anyone claiming any interest through me, for any injury, death, or other damages that may occur as a result of my participation in the Activity or as a result of the negligence of any participant or party, including the Released Parties, whether passive or active.

_____ c. I hereby personally assume all risks, whether foreseen or unforeseen, in connection with the Activity, for any harm, injury or damage that may befall me while I participate in the Activity, including the risk of negligence of any party or participant, including the Released Parties.

_____ d. I hereby accept full responsibility for any and all damage, injury, paralysis, or death arising out of my participation in the Activity. I understand and explicitly agree that neither I, my family, heirs, successors, assigns, or anyone claiming any interest through me, will bring any legal action whatsoever against any of the Released Parties as a result of any such damage, injury, paralysis, loss, or death to myself or any other person or property that arises out of my participation in the Activity. I, on behalf of myself (and my estate if I perish), hereby agree to hold harmless and indemnify all of the above named Released Parties for any and all claims, including attorney fees and costs, which may be brought against any or all of the Released Parties by any person or entity claiming to have been injured as a result of any injury, including death, to me or my property which may occur as a result of my participation in the Activity.

_____ 5. I acknowledge that a UIAA approved helmet may help prevent head injuries. If I do not wear a helmet at any time during my participation in the Activity, which I acknowledge is against the advice of the Released Parties, I hereby waive all claims and release the Released Parties from any and all liability associated with my voluntary refusal or failure to wear a safety helmet.

_____ 6. By signing this Release, it is my intent to release, waive, hold harmless, and indemnify all of the Released Parties from all liability connected with my participation in the Activity (including, but not limited to the negligence of the Released Parties, whether passive or active), and to personally assume all risk of injury or death. I understand that the terms of this Release are contractual and not a mere recital and understand that I would not be permitted to participate in the Activity without entering this Release. I have signed this Release voluntarily and of my own free will.

_____ 7. I understand that my participation in the Activity may be photographed and promoted by Peak Mountain Guides LLC, and in consideration for permission to participate in the Activity, I hereby give permission to Peak Mountain Guides LLC to use my likeness for any purpose whatsoever.

_____ 8. This Release shall be governed by, construed, and enforced in accordance with the laws of the State of Colorado, irrespective of the fact that I am now or may become a resident of a different state or nation, and without giving effect to any choice or conflict of law provision or rule that would cause the application of the laws of any jurisdiction other than the State of Colorado. If any lawsuit or claim is brought regarding of my participation in the Activity, I agree that jurisdiction and venue for such suit shall be in state or federal courts located in Colorado and hereby irrevocably waive any other jurisdiction or venue to which I or my estate might otherwise be entitled. If any provision of this Release is held to be invalid or unenforceable, in whole or in part, by any court of competent jurisdiction, such provision shall be deemed amended to conform to the requirements of the law so as to be valid and enforceable, provided that such provision shall be curtailed, limited, or eliminated only to the minimum extent necessary to remove the invalidity, illegality, or unenforceability, or if it cannot be amended without materially altering the intention of the parties, it shall be stricken to the least extent possible, and the remainder of the Release shall remain in full force and effect.

_____ 9. I have read and understand this liability release and express assumption of risk, and sign this Release on behalf of myself, my estate, and my heirs.

Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature if under 18 _____

Print Address and Phone: _____

Witness: _____