



Trip Application

Please complete this form and mail it along with your deposit to Alpenglow Expeditions, LLC

Trip Name: _____ Trip Dates: _____

Personal Information

Name (as it appears on passport): _____

Address: _____

Phone: _____ (day) _____ (evening)

Email: _____

How did you hear about Alpenglow Expeditions: _____

Sex: Male Female Marital Status: _____ Occupation: _____ T-shirt Size: _____

Emergency Contact Information

Name: _____ Relation to you: _____

Address: _____

Phone: _____ (day) _____ (evening)

Email: _____

Gear Requests

Do you need (circle): Crampons Ice axe(s) Helmet Harness Carabiners/Prussiks

Mountaineering Boots (yes/no): _____
If yes, street shoe size _____ or brand/size you have worn _____

Insurance Information

(Health Insurance is required to join an Alpenglow Expeditions, LLC. trip)

Health: Provider: _____ Group #: _____ Policy #: _____

Claim Phone #: _____ Address: _____



970/309-8698 (p) - PO Box 3122 / Olympic Valley / CA / 96146

www.alpenglowexpeditions.com expeditions@alpenglowexpeditions.com



Your Name: _____ Today's Date: _____

Trip Name: _____ Trip Dates: _____

Medical Information/Consent Form

Please answer the following questions to the best of your ability. The activities you will participate in often are of a different physical nature than most participants are used to. All medical concerns need to be known. If you have questions regarding your participation, you should discuss them with your doctor.

Date of Birth _____ Height _____ Weight _____ M / F

Do you have, or have you ever suffered from, any of the following? Please check:

Allergies

Back Problems

Frostbite

Are you currently under a doctor's care?

Cerebral or Pulmonary Edema

Are you taking any medications?

Diabetes

Are you allergic to insect bites?

Asthma

Are there any limitations to your activities?

Heart Problems

High Blood Pressure

Dislocations

Dietary Restrictions

Do you have any medical condition not listed that we should be made aware of?

If yes to any of the above, please describe

List your physical activities for an average week

I, _____, hereby consent to any hospital care or medical or surgical diagnosis or first aid activities with Alpenglow Expeditions, LLC and its agents, if I am not able at that time to give my written consent due to unconsciousness, disorientation or other mental incapacity. I also understand and agree that I am solely responsible for all appropriate charges for such services and that Alpenglow Expeditions, LLC and its agents are under no duty to provide any first aid or medical treatment in any event.

Signed _____

Date _____

Emergency Contact _____

Address _____

Phone (day) _____ **(night)** _____

VISITOR ACKNOWLEDGEMENT OF RISK

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

Although AE 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, AE 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 causes of loss of or damage to your equipment, accidental injury or illness or, in extreme cases, permanent trauma or death. AE 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:

The hazards of walking on uneven terrain and slips and falls; being struck by rock fall, 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, AE employees have difficult jobs to perform. They seek safety, but are not infallible. They might be unaware of all a participant's fitness or abilities. The weather and other environmental conditions cannot always be predicted with absolute accuracy. It would be impossible for the staff to foresee and warn you of every conceivable thing that might go wrong and any equipment can malfunction. I am aware that mountaineering, rock, artificial wall and ice climbing, hiking, snowshoeing, cross country skiing, and international travel entails risks of injury or death for any participant. I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. I agree to assume and accept full responsibility for the risks identified herein and those 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 the full knowledge of, the inherent risks. Initials _____

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 AE 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. Initials _____

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, and loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those risks and dangers not specifically identified, and as a result of my negligence in participating in this activity. Initials _____

I have had sufficient opportunity to read this entire document. 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, estate and for all members of my family, including minor children.

Signature of Participant: _____ Date: _____

Print Name _____ Phone(day) _____ (night) _____

Address _____



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