

PEAK MOUNTAIN GUIDES, LLC

RESERVATION PROCESS, CANCELLATION POLICY, & TRIP OPERATIONS

To Reserve Your Spot on a 5-Day Mt. Rainier Emmons Glacier Climb: Please fill out the enclosed cancellation policies form, application, and medical record form and return them along with a 50% deposit to Peak Mountain Guides LLC, PO Box 992 Ridgway, CO 81432. We prefer payment by personal check, cashier's check, or money order made payable to "Peak Mountain Guides LLC". Payment by credit card is available upon request. Once we receive your application and deposit we will contact you with any questions, and to discuss your interests and goals.

Final payment is due 45 days prior to the beginning of the program. Non-payment of fees on the date they are due shall constitute a cancellation, subject to the cancellation policy.

Cancellation Policy: Cancellation policies are designed to ensure participants of open enrollment programs do not face a cancellation of their program due to the late withdrawal of others, and to ensure custom program participants retain the reservation of their preferred dates. If Peak Mountain Guides LLC is unable to operate an open enrollment program due to low enrollment all participants will receive a full refund of tuition.

- If notice of cancellation is given in writing at least 90 days prior to the trip start date, you will be refunded your full deposit except for a \$50 processing fee.
- If notice of cancellation is given in writing within 89 - 45 days prior to the trip start date, a cancellation fee equal to the reservation deposit amount will be charged.
- If notice of cancellation is given in writing with less than 45 days prior to the trip start date, a cancellation fee equal to 100% of the program fee will be charged.

Trip Operations: While climbing on a high, heavily glaciated, and remote mountain such as Mt. Rainier it is essential to maintain an attitude of flexibility and adaptability. Unforeseen circumstances such as changing route conditions or poor weather may affect the program at any time. These things are possible during any climbing outing, especially those that travel to a remote area, and it is best to accept them as part of the adventure. Peak Mountain Guides' trip preparations and local experience help ensure you will accomplish a lot in a short period of time, but it is important to keep in mind that no guide service is able to insulate you from unusual events that arise without warning. With that said, it is worth noting that almost all programs go as planned and most participants enjoy the adventure of climbing in a wilderness location like Mt. Rainier.

Peak Mountain Guides LLC reserves the right to change the itinerary of the trip, or cancel segments of the trip, at any time before or during the program. In the event of early cancellation of the program, Peak Mountain Guides LLC may issue partial refunds of program fees on a pro-rated basis. Whether or not refunds are issued is solely at the discretion of Peak Mountain Guides LLC. In the event of cancellation of a program Peak Mountain Guides LLC is not responsible for expenses incurred in preparation for the program, such as airfare or travel costs.

I, (name) _____, have read, understand, and agree to the terms of the cancellation policies and trip operations described above.

Signature _____ **Date** _____

Parent/Guardian signature if under 18 _____

PARTICIPANT MEDICAL RECORD

PART 1: General Information

1. Name of program _____ Dates _____
2. Applicant's full name _____
Age at program start _____ Height _____ Weight _____
4. In case of emergency notify _____ Relationship _____
Emergency contact phone: Home _____ Business _____
5. Regular physician name _____ Phone _____
6. Each participant is responsible for any medical expenses and must be covered by his/her own sickness and accident insurance. Please be sure your policy will cover you while climbing and skiing.
Insurance carrier name _____
Address _____ City _____ State _____ Zip _____
Policy or certificate number _____ Phone _____

PART 2: Participant History – Past and Present Medical Conditions

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.

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

2. Do you have any **allergies**? Include medicines, foods, insect bites and stings. _____

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

3. Please list any **medications** you will be taking during this trip: _____
What are you taking the medication(s) for? _____

4. 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.

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

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

PART 3: Exercise Activity

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

What special things will you be doing to prepare for this trip? _____

PART 4: Remote Trip Considerations

This climbing program takes place in a remote location where medical care, evacuation capability, and general health could be compromised. Climbing destinations may be far from medical facilities and supplies, and rapid evacuation in the event of an accident or illness may be difficult. Poor weather may cause discomfort and could lead to illness.

We **strongly suggest** you consult with your doctor, and receive a complete physical, prior to the program. If your doctor would like a thorough description of the rigors involved in the program please have him/her contact Peak Mountain Guides. We also **strongly suggest** you purchase trip 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, business or family emergencies, or any other unforeseen circumstances.

I hereby certify that I am in sufficiently good health to attend this 5-Day Mt. Rainier Emmons Glacier Climb offered by Peak Mountain Guides LLC. The information provided above is a complete and accurate statement of the physical factors that may affect my participation in a 5-Day Mt. Rainier Emmons Glacier Climb offered by Peak Mountain Guides LLC. 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 also agree to notify Peak Mountain Guides LLC if there is any change in my health prior to the program. In the event of accident or illness I give permission for emergency anesthesia, operation, hospitalization or other treatment that might become necessary.

Applicants signature _____ Date _____

Applicants printed name _____

Parent/Guardian signature if under 18 _____

*On the first day of the program you will also be asked to complete a
“Visitor Use Acknowledgement of Risk” form
Please see example on the next page*

U.S. DEPARTMENT OF THE INTERIOR

Mt. Rainier National Park

Visitor Use Acknowledgement of Risk

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

Although Peak Mountain Guides 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, Peak Mountain Guides 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 in extreme cases, permanent trauma or death. Peak Mountain Guides 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 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; geologic hazards and danger resulting from volcanic activity; head injuries; sprained 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, 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 hazards and risks inherent in the activity to which I may be exposed.

I am aware that mountaineering, ice climbing, and rock climbing 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 Peak Mountain Guides 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.

Signature

Date

Signature of Parent or Guardian, if participant is under 18 years of age

Signature

Date

