

**Expeditions International
Front Range Mountain Guides**

Expedition Applicant Personal Information Form

Participant Name _____

Date of Birth: _____ Height: _____ Weight: _____

Street Address _____

City _____ State _____ ZIP _____

Day phone _____ Evening phone _____

Email address: _____

Emergency contact Information:

Name _____ Relationship _____

Day/Evening phone# _____

I have purchased traveler's Insurance for this trip: YES NO

If yes, provide Provider Name _____

If yes provider policy number _____

The above information is true and correct:

Participant signature: _____

Other Activities I am interested in: Rock Climbs Ice Climbs Snow Climbs

International Snow Climbs Technical Mountaineering Snowshoeing Trips _____

International Rock climbs Group Rock Climbing Road Trips X/C Ski Trips _____

Multi-Adventure trips _____ International Hiking _____ International Trekking Trips _____

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Expedition Participant Medical Information Form

Participant Name : _____

Date of Birth: _____ Height: _____ Weight: _____

Please list any physical disabilities, conditions, past injuries, or any other physical limitations that you have which could limit your participation in any way. If you have no injuries that would fall into this category, write "None".

List ALL drugs you are allergic to :

Answer the following questions by checking "yes" or "no" Have you ever had any of the following?

If you answer "yes" to any of the following please describe more in detail on the back side of this page the symptoms and duration and if the condition limits you in any way now.

Allergies Yes ___ No ___

Altitude Problems Yes ___ No ___

Asthma Yes ___ No ___

Cerebral Edema Yes ___ No ___

Diabetes Yes ___ No ___

Dislocations Yes ___ No ___

Epilepsy Yes ___ No ___

Frostbite Yes ___ No ___

Heart Disease Yes ___ No ___

Hearing Impairment Yes ___ No ___

Knee Problems Yes ___ No ___

Shoulder Problems Yes ___ No ___

If you are currently taking or will be taking any medications at the time of the trip, please list them and the dosage:

The information I have supplied on this form is true and correct and complete and I have consulted a physician for this information.

Participant's signature : _____

Date : _____

**Expeditions International
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**FRONT RANGE MOUNTAIN GUIDES
STATEMENT AND LIABILITY WAIVER**

Name _____

Street _____

City _____ State _____ Zip _____

Phone _____ Trip dates _____

E-mail address _____

Course/Trip Taken _____

Deposit Amount Enclosed (Required for Registration) _____

Make Checks Payable To : Front Range Mountain Guides

Deposits are required along with application. A class will not be considered reserved without a deposit and a completely filled out application.

This activity involves a climb which is by it's nature, physically demanding. Therefore, the participant must be free from medical or physical conditions that might create undue risk to him/herself or to other participants who may depend upon them.

I FULLY REALIZE THE DANGERS OF PARTICIPATING IN SUCH AN ACTIVITY AS THE ONE LISTED ABOVE UNDER " COURSE /TRIP TAKEN" AND VOLUNTARILY ASSUME ALL THE RISKS ASSOCIATED WITH SUCH PARTICIPATION. THESE RISKS INCLUDE, BUT ARE NOT LIMITED TO:

Accidents that may happen while traveling to activity locations including provided transportation, or carpools; skiing, snow shoeing, walking, hiking, or scrambling to and from high places; falling or sliding across rock, snow, or ice; falling rock, snow, or ice; sudden changes in weather; inappropriate use of equipment by the participant or by other participants; the possibility of medical attention several hours to several days away.

I agree to authorize and release to Expeditions International the use of my image in any photograph or video recording for any legal purpose of Expeditions International.

I HAVE READ AND UNDERSTAND THE ABOVE (Initial here) _____

Participant's Signature _____

Legal Guardian _____

IN CASE OF AN EMERGENCY NOTIFY:

Name _____ Phone _____

PLEASE ADD ME TO YOUR EMAIL LIST Yes No

