

CREW TREKS EXPEDITION APPLICATION - PERSONAL INFORMATION FORM

TREK/EXPEDITION: _____

TRIP MEETING DAY: _____

NAME: _____

PREFERRED NAME: _____

MAILING ADDRESS: _____

CITY: _____

STATE or PROVINCE: _____ POSTAL CODE: _____

COUNTRY: _____ AGE: _____ HT. _____

WT. _____

PHONE: DAY _____

EVENING _____ CELL _____

EMAIL: _____

FAX _____

OCCUPATION: _____

EMERGENCY CONTACT: _____

RELATIONSHIP _____

PHONE# _____ CELL _____

OTHER _____

PASSPORT INFORMATION

Passport number: _____

Place of Issue: _____

Birthplace: _____

Date of Expiration: _____

Date of Issue: _____

Citizenship: _____ ****Please include a
photocopy or scan of your passport ID pages**

CLIMBING EXPERIENCE:

Have you climbed with us before? Y N If yes, please describe where, when and with whom:

Have you climbed with other guide services? Y N If yes, please describe where, when and with whom:

Do you have experience with the following?

Glacier Travel? __Y __N__ Winter Camping? ____Y __N
Carrying a heavy pack? __Y __N__ Rock climbing? ____Y __N
Ice Climbing? __Y __N

What is your longest trip in the field? _____ days
Have you used: Ascenders __Y __N __Crampons ____Y __N
Ice Axe __Y __N

Please elaborate if you checked any of the above activities:

CLIMBING EXPERIENCE: Please briefly describe any further experience you may have that has helped prepare you for your intended expedition.

What are your long-term climbing goals?

PHYSICAL FITNESS: Please describe your current weekly training routine and your preferred outdoor recreation: (skiing, running, cycling...):

FOOD PREFERENCES: Every effort will be made to avoid food allergies, and in most cases we can also accommodate your preferences, so please let us know your dislikes, allergies, etc.

General Agreement Concerning Services to be Provided And Responsibilities of Team Members

You are registering for an expedition with Crew Treks, LLC. This page is intended to help make sure you understand the services we are providing and the services you are responsible for.

Transportation is incidental

The main purpose of becoming a team member is to join us on an expedition in the mountains. As such any transportation we provide or that you may contract for on your own is incidental to the trip. We suggest that you make sure you have time built into your itinerary for delays.

Group trek policy

By signing up and joining Crew Treks outing, I understand that I'm joining group climb/trek. As in all group trips, I understand that trip itinerary can be changed to benefit the majority and/or focus on main objective. I also understand, that if I chose to alter the itinerary on my own, I will do so at my own expense (excluding medical emergency)

Transportation to and from your destination

We will designate a specific Meeting Day for your expedition. Transportation to the meeting point on your Meeting Day is to be provided by you. You must arrive in time to be ready to participate in a team meeting at the appointed time on the Meeting Day for your expedition. Expedition climbing is very dynamic and we will provide you with a recommendation as to when you should book your flights to and from your destination. We suggest you book a ticket that allows you to change your flight with little effort or cost.

Lodging off the mountain

On ALL **Crew Treks** trips you are provided with lodging at our meeting city (Kathmandu, Nairobi, Lima, Mexico City) as per trip itinerary outlined in Crew Treks brochure or on the website. Any additional lodging is your responsibility. Don't worry about booking a room after your expedition; all that is covered as outlined on each expedition page.

Responsibilities of Team Members

You are ultimately responsible for your own well being, including making all necessary preparations to ensure good health and physical conditioning. You are responsible for understanding the conditions that may exist on the climb/trek and choosing an outing that is appropriate for your abilities and interests. You are responsible for having knowledge of all pre-departure information and for assembling the appropriate clothing and equipment for your climb. While on the expedition, team members are responsible to maintain basic levels of hygiene and to conduct themselves respectfully with other team members and members of the local population. If a guide feels that a team member is putting other members' health or safety at risk, the guide has the discretion to remove a team member from an expedition. Use our office staff and your lead guide as pre-trip resources to ensure that all your questions are answered. Travel insurance may help recoup expenses if you need to leave an expedition due to an illness.

Airline Responsibility Passenger/Airline contracts are in effect while team members are on board any aircraft contracted for use in the expedition.

Signature

Date

I acknowledge that signing this form electronically under the Federal (15 U.S.C. §§ 7001) and Colorado (C.R.S. 24-71-101) Electronic signature act is the same as signing the form in writing

CONFIDENTIAL Medical Information Form

The information provided to Mountain Trip on this form is provided for three purposes.1. We may need the information on this form if you suffer an illness or injury on the expedition.2. We want you to see a physician and have your physician's approval before undertaking the expedition. We will not made decisions concerning your health or fitness to under- take that trip. That is a decision between you, your spouse and your physician.3. While we have no intention to release any of this information, please recognize that you are waiving your rights

under the Health Insurance Portability and Accountability Act (HIPAA) and any state HIPAA laws. We may need to share your medical information if you suffer an illness or injury on the trip.

Full Legal Name:

Sex: Date of Birth:

Height: Weight:

Blood Type:

Please list any major operations, accidents or illnesses you have had in the past five years:

Do you have or have you ever had any of the following:

Allergies Y N Heart Disease Y N

Diabetes Y N Asthma Y N

Seizures Y N Depression Y N

Are you pregnant (at time of trip)? Y N

Please give full details if you answered yes to any of the above:

Do you take medication for any of the above? If yes, please explain:

Confidential Medical Information Form part 2

Have you had any musculoskeletal injuries and related

surgeries? Y N

Do you have any issues with your vision or hearing?

Y N

Please list any and all limitations or medical conditions that may affect your ability to participate in the expedition or course you are registering for:

Have you ever suffered any type of altitude related illness? Y N

Please describe the circumstances:

To what altitude have you climbed?

Have you ever suffered a cold injury such as frostbite?

Y N

Please describe the circumstances:

Please describe any medical training you have received:

Health Insurance Portability and Accountability Act (HIPAA)

I hereby forever waive, discharge and release any rights I have under the Health In- assurance Portability and Accountability Act (HIPAA) for the information I have provided above as well as any information that I may provide to Mountain Trip, its guides, employees, contractors, or third parties. I understand that this is being done for my safety and well being as well as the fact that my medical information cannot be kept confidential on a mountainous rescue scenario. I promise not to

sue Mountain Trip for any release of my medical information at any time to anybody.

PARTICIPANT SIGNATURE DATE

SPOUSE'S
SIGNATURE DATE I acknowledge that signing this form electronically under the Federal (15 U.S.C. §§ 7001) and Colorado (C.R.S. 24-71-101) Electronic signature act is the same as signing the form in writing

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of **Crew Treks**, LLC, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf. I hereby agree to release, indemnify, and discharge Crew Treks, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that mountaineering entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **The risks include, among other things:** the hazards of walking on uneven terrain and slips and falls; being struck by rock- fall, icfall 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. Additional dangers may include the hazard of traveling in the third world such as accidents or illness in remote places without access to adequate emergency medical facilities, war, terrorism, political unrest and other forces.

Furthermore, **Crew Treks** employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness

or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless **Crew Treks** from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of **Crew Treks** equipment or facilities, **including any such claims which allege negligent acts or omissions of Crew Treks.**

4. Should **Crew Treks** or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against **Crew Treks**, I agree to do so solely in the state of **Washington**, and I further agree that the substantive law of **Washington State** shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Crew Treks on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____

Print Name _____

Address _____

Phone _____

Date _____