



International and Alaska Climbing or Skiing Application

PARTICIPANT INFORMATION

Program & Departure Date: _____

Full Name (As it appears on your passport): _____ Preferred to be called: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-mail Address: _____

Date of Birth: _____ Occupation: _____ Marital Status: ☐ Married ☐ Single

PASSPORT INFORMATION: Please send a photocopy of the first two pages of your passport. Please note many countries require your passport to be valid for at least 90 days beyond your scheduled return.

Passport Number: _____ Expiration Date: _____

Date and Place Passport Issued: _____

Place of Birth: _____ Citizenship: _____

MOUNTAINEERING or SKIING EXPERIENCE

Please list your previous mountaineering or skiing experience, and any other activities related to this program (i.e. ski ability, hiking, etc.) Use additional sheets if necessary.

TRAINING AND CONDITIONING

Please describe how you plan to prepare physically for this trip. Use additional sheets if necessary.

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-mail Address: _____





PARTICIPANT MEDICAL INFORMATION

Please provide as much detail as possible with each response. Use additional sheets of paper if needed. Participation in any international climbing, trekking, or skiing program can be very strenuous and requires participants to be in good health. Many of our trips take place in areas where definitive medical care is unavailable. Our staff needs a very complete picture of your medical history in order to provide care should you be injured or become ill during your program. Your signature on this application indicates that the information you provide is true. Northwest Mountain School reserves the right to refuse service at the participant's expense due to misrepresentation of medical or background information.

1. List any major accidents, illnesses, or operations you have had in the past 5 years.
2. Do you have any limitations on your activities?
3. Are you taking any medications? (if yes, give dosage and reason for medication.)
4. List any/all allergies to food and/or medication:
5. Have you ever had frostbite or a cold-related injury/illness? If yes, please elaborate.
6. Have you ever experienced any form of altitude illness?
7. Do you have any dietary restrictions?
8. Do you have back, knee, or other joint problems? If yes, please describe
9. Do you wear glasses or corrective lenses?
10. What is your level of first-aid training?
11. Do you carry any medical insurance? If yes, indicate insurance Provider.
12. Is there any other information you feel our staff needs to have about your medical or physical condition?





PARTICIPANT INFORMATION - OTHER INFORMATION

How did you hear about the Northwest Mountain School? _____

INSURANCE INFORMATION

I have purchased Travel Insurance for this program: Yes No

If yes, Provider and policy number _____

I have purchased Rescue Insurance for this Trip: Yes No

If yes, Provider and policy number _____

ACCOMMODATIONS AND MEALS

Would you like single occupancy? Yes No If you indicate yes, please note that there will generally be an additional fee for single occupancy. Please note that on some trips it may not be possible to fulfill requests for single occupancy.

Is there a person in the group you would like to be paired with? _____

Are there any foods that you do not eat? _____

PAYMENT INFORMATION

PLEASE NOTE: YOU MAY USE A CREDIT CARD FOR YOUR DEPOSIT. CHECKS ARE REQUIRED FOR FINAL PAYMENTS.

Please visit www.mountainschool.com or contact us for your program fee.

Program Fee \$ _____ # of people you are paying for _____

Fee Included \$ _____

I am paying my non-refundable deposit.

Enclosed is a check for \$ _____ , which equals my deposit my final payment.

Please charge \$ _____ to my: Visa Master Card

Name on Card _____ Signature _____

Card Number _____ - _____ - _____ - _____ Expiration Date _____ - _____

Billing Address: (Street) _____

(City, State, Zip) _____ CVV/CVC# _____

A \$500 DEPOSIT IS DUE WITH THIS APPLICATION, THE BALANCE IS DUE 90 DAYS PRIOR TO PROGRAM. SUBMIT FULL PAYMENT IF APPLYING LESS THAN 90 DAYS BEFORE PROGRAM. SOME PROGRAMS MAY REQUIRE A 25% DEPOSIT IN PLACE OF THE \$500 DEPOSIT.

PLEASE MAKE CHECKS PAYABLE TO:

Northwest Mountain School - P.O. Box 329 Leavenworth, WA 98826

Phone: 509-548-5823 Fax: (320) 388-5775 E-mail: info@mountainschool.com





TERMS & CONDITIONS

FEES AND EXPENSES

- This is a package program. Your package includes those things listed on the program page for this trip on our website or those things explicitly agreed to in writing during the organization of the program. You will pay Northwest Mountain School ("NMS") a guide fee ("Guide Fee") for its provision of guiding services. This fee covers guide expenses and guide transportation to and from the program area. Additionally it covers fees your guide or NMS pay to other suppliers or service providers who provide goods, services or accommodation in connection with the program, and other program costs as outlined on this program's program page on our website. Your guide fee does not include: your flights to and from the program, your meals in town and meals before or after the program, your lunch food, your personal climbing equipment, personal insurance, gratuities to guides or other staff or additional hotel nights. We also offer "cost-plus" pricing on custom programs, in which you pay the actual cost of trip expenses plus the guide fee, plus a percentage of total expenses as an overhead fee.
- The Guide Fee for which you are responsible to NMS is listed on our website unless agreed to in writing under special arrangement.

CANCELLATION AND REFUND POLICY

- Your application must be accompanied by a US \$500.00 (or in some cases 25%) deposit of the fees for your program. This deposit is non-refundable.
- The balance of the fees for your program (Total Program fee - \$500 OR 75% depending on the original deposit) is due 90 days prior to your program start date.
- All refund requests must be made in writing and be received in our office at least 90 days prior to the program start date.
- No refunds will be provided for cancellations made within 90 days of the program start date. If you cancel your participation in the program within 90 days of the program start date, then even if you don't participate in the program, you remain responsible for paying all program fees to NMS (including any outstanding balance).
- If registering for a group of people, the person completing the registration assumes financial responsibility for the entire group. This includes situations where people drop out and change the final numbers or participants. If uncomfortable registering for the group, you should have each member apply individually.
- Each applicant's deposit is non-refundable and may not be applied to the balances of other participants' accounts.
- Once the program has begun there will be no refunds issued for any reason

TRIP CANCELLATION INSURANCE

- We highly recommend that participants purchase trip cancellation insurance to cover their travel and application costs in the event that you need to cancel your participation in the program due to personal injury, business or family emergencies, or other covered reasons. NMS offers plans in conjunction with Travel-ex. Detailed policy information can be obtained at www.mountainschool.com/content/main/travel-and-cancellation-insurance. Enter location # 47-0108.
- NMS reserves the right to cancel its portion of the trip for any reason prior to departure. In that event, NMS will refund application and program fees that you have paid to NMS, unless the cancellation results from your failure to abide by your agreement with us. In circumstances where NMS has already made payments related to the program, or invested substantial preparatory time, an equitable portion of the fees may not be fully refundable, as determined by NMS in its sole discretion.

OTHER COSTS AND EXPENSES

- You agree that the cost of any search and rescue undertaken on your behalf will be your financial responsibility, including costs incurred by NMS guides, NMS, other guide services, any government agency, or any other person or organization.
- You acknowledge that during the program, certain events may occur which may necessitate certain additional costs not contemplated at this time. These include but are not limited to evacuation costs, medical treatment, extra nights in hotels for yourself, or your guides, airline change fees or additional airline tickets, and similar matters. You agree that those additional costs are not the responsibility of NMS or its staff and that you are responsible for payment of those costs.

RELEASE AGREEMENT

- In order to participate in a program you understand that you are required to sign an unmodified copy of Northwest Mountain School's Release of Liability and Assumption of Risk Agreement ("Release Agreement"). This is required by NMS' insurance provider. You agree that it is your responsibility to review and understand the Release Agreement before committing to the program. Your refusal to sign the Release Agreement, or your modification of the Release Agreement terms will not entitle you to a refund of any sort.





TERMS & CONDITIONS

MISCELLANEOUS

- As a condition to your participating in the program, you are responsible for having obtained personal medical, accident, travel, baggage, cancellation, rescue, and other insurance relative to your participation in the program. We do not provide these types of insurance and highly recommend you obtain coverage amounts sufficient to cover all fees and expenses payable by you for, among other matters, rescue, evacuation and medical costs, including repatriation to the U.S. You acknowledge that NMS provides you with no such insurance coverage, and that NMS is under no obligation to advance rescue, evacuation and medical costs for you.
- NMS reserves the right to substitute scheduled staff if the planned guide(s) are unable to make the program for any reason. This will not change the fee charged by NMS.
- Trip participants are responsible for their own well-being. This includes good health and strong physical condition. NMS reserves the right to change the program itinerary for any reason its staff deems necessary to provide a safe experience, or to comply with permit restrictions. NMS may direct the timing and extent of your participation in the program as NMS staff deem necessary to provide a safe experience.
- By signing this agreement you represent that the information you provided in the initial pages is correct.
- These Terms and Conditions and the Release Agreement (collectively "Agreement") constitute and embody the entire agreement and understanding between you and NMS with respect to their subject matter and supersede all prior or contemporaneous written, electronic or oral communications, representations, agreements or understandings between you and NMS with respect to their subject matter. This Agreement may not be modified or amended except by a written amendment signed by both you and NMS.
- This Agreement will be governed by and interpreted in accordance with the internal laws of the State of Washington, without regard to conflicts of laws principles.
- In the event of any controversy or claim arising out of or relating to this Agreement, or its breach or interpretation, the parties will submit to the exclusive jurisdiction of and venue in the Superior Court of Chelan County, Washington, and appeal courts therefrom. Each party waives all defenses of lack of personal jurisdiction and forum nonconveniens.
- If any proceeding is brought by either party to enforce or interpret any term or provision of this Agreement, the substantially prevailing party in such proceeding shall be entitled to recover, in addition to all other relief arising out of this Agreement, that party's reasonable attorneys' and other experts' fees and expenses.

I agree to the Agreement, including the Terms and Conditions specified above and the Release Agreement, and I confirm that the information I have provided is complete and correct. I sign the Agreement of my own free will, for my family, minor children, spouse, dependent parents, my heirs and executors, assigns and myself, have had a full opportunity to review this Agreement and I have read, understand and agree to the Agreement. I have researched this trip and its risks and hazards and understand those risks and hazards and the terms and conditions listed in this document and agree to this information, terms, and conditions.

X _____ Today's Date: _____
Participant's Signature

Participant's Printed Name: _____





PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

READ BEFORE SIGNING

Participant Name _____

Northwest Mountain School, Inc. makes every responsible effort to safeguard program participants and their belongings. However, Northwest Mountain School, Inc. wishes to inform participants fairly and honestly that risks and dangers exist and are inherent in any wilderness and outdoor adventure and educational activities. Therefore I, the undersigned, in consideration of the services of Northwest Mountain School, Inc., its officers, directors, employees, contractors, agents, representatives, sponsors, advertisers and, if applicable, owners and lessors of property used in connection with the Program (collectively referred to in this Agreement as "NMS" or "Releasees"), hereby agree to release and discharge NMS, on behalf of myself, my heirs, assigns, personal representatives, dependents, and estate as follows:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.

Disclosure of Known and Unknown Risks: I understand and acknowledge that the activities in which I will be involved while on NMS programs bear known risks and unanticipated risks which could result in serious injury, death, illness or disease, physical or mental, and/or damage to my property or to other persons. The following describes some, but not all, of those risks:

- (a) Accident while traveling to and from program locations and activities in NMS and other vehicles;
- (b) Travel and camping in remote locations where sophisticated medical facilities and attention will be absent, rescue and evacuation may be lengthy, hazardous and complex, and the assistance of outside agencies may not be readily obtainable;
- (c) Exposure to the forces of nature such as inclement weather, heat, cold, storms and lightning;
- (d) Hazards of travel in mountainous areas and of rock and mountain climbing, skiing, backcountry skiing and ski mountaineering, including, among other things, risks of stream and river crossings, rock fall, icefall, avalanches, falling trees, falls on steep slopes or rocky ground, crevasse falls, collisions with other persons, and high altitude;
- (e) Viral and/or bacterial infection, and exposure to venomous creatures;
- (g) Any attempt on my part to perform beyond my physical and/or mental ability, or the onset, recurrence or aggravation of any medical condition;
- (h) Failure of equipment, whether owned by me, or provided by or rented from NMS; and
- (i) Failure on my part or on the part of other program participants to comply with any NMS instruction.

NMS ACTIVITIES DO NOT TAKE PLACE IN A CONTROLLED ENVIRONMENT, AND WILL ALWAYS BE SUBJECT TO THE RISKS POSED BY THE FORCES OF NATURE AND TRAVEL IN REMOTE AREAS. THE NATURE AND EXTENT OF THOSE RISKS ARE NOT CAPABLE OF PRECISE DETERMINATION OR CONTROL. CERTAIN NMS ACTIVITIES ARE HAZARDOUS BY THEIR VERY NATURE.

2. Being aware that the program entails known and unknown risks of my serious injury, death or property damage, **I KNOWINGLY AND FREELY ACCEPT AND ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation. My participation in the program is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks.

3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will use my best judgment to remove or protect myself from the hazard, will immediately bring the hazard to the attention of the nearest NMS representative, and will follow all NMS instructions.

4. Sufficient Health and Insurance: I certify that I have sufficient health, accident and liability insurance to cover any bodily injury or property damage I may incur while participating in NMS activities and to cover bodily injury or property damage caused to a third party as a result of my participation in this event. If I have no such insurance, I certify that I am capable of personally paying for any and all such expenses or liability.

5. Photographs, Etc: I agree that NMS and its licensees may copy, distribute, display, broadcast and modify any photographs, drawings, sound, video or audiovisual recordings taken or made of me or provided by me for publicity, promotion, advertising, stock photo,





**PARTICIPANT RELEASE OF LIABILITY AND
ASSUMPTION OF RISK AGREEMENT**

READ BEFORE SIGNING

catalog, website or other purposes, on any medium and via any content delivery system, and expressly waive any related right of privacy, compensation, copyright or other right.

6. **Medical Information; Drugs:** I have accurately completed the medical information required of me, and I have consulted with a medical professional concerning my participation in NMS activities. In the event of illness or injury occurring while participating in such activities, I hereby consent in advance to whatever medical or surgical diagnostic and/or restorative procedure or treatment is considered necessary in the judgment of the attending physician, medical technician or other person furnishing medical services. I agree not to have in my possession or take any controlled substances during my participation in any NMS program, except as prescribed by my physician.

7. **Release and Indemnity:** I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE NORTHWEST MOUNTAIN SCHOOL** (including all Releasees) from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, which are related to, arise out of, or are in any way connected with my participation in the program, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

8. **Disputes.** This agreement shall be governed by and interpreted in accordance with the internal laws of the State of Washington, USA, without regard to principles of conflicts of laws. I hereby submit to the exclusive jurisdiction of the courts of the State of Washington with respect to any matter or dispute arising out of or relating to all and any of my agreements with NMS, and/or any act or omission of NMS, and venue for any such dispute shall be in Chelan County, Washington. If any phrase or clause in this agreement is deemed to be unenforceable, the remaining language shall nonetheless remain in full force and effect. In the event of any dispute between NMS and me or my representatives arising out of this Agreement, or in any other way relating to my involvement in NMS activities, the substantially prevailing party shall be paid by the other party its reasonable costs and expenses (including attorneys and other expert fees) incurred in the dispute, including such costs and expenses on appeal.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. IN SIGNING THIS AGREEMENT, I FULLY RECOGNIZE THAT IF ANYONE, INCLUDING ME, IS HURT OR DIES OR PROPERTY IS DAMAGED WHILE I AM ENGAGED IN NMS ACTIVITIES, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST NMS, OR ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, CONTRACTORS, REPRESENTATIVES OR OTHER RELEASEES.

X _____
Participant's Signature

Age

Date

Print Name: _____

Address: _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incident to the minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____
Parent/Guardian Signature

Date

Emergency Phone Number(s)

