

TRIP INFORMATION:

Trip you are applying for: _____

Departure Date: _____

Return Date: _____

Spanish Language (circle one): None Minimal Conversational Fluent

INSURANCE INFORMATION:

Insurance Company: _____

Policy number: _____

Phone number: _____

PAYMENT & CANCELLATION INFORMATION:

We require a \$500 non-refundable deposit / application fee per person to confirm and guarantee your trip. This can be paid by Visa or MC, check drafted in US Dollars, or bank transfer and must accompany application forms at least 4 weeks prior to your trip. Payment in full must be made 2 weeks prior to the trip departure date.

If Skyline Adventures cancels a trip or course, you will be reimbursed 100% of your payment, including your deposit, excluding occurrences outlined in the Force Majeure section of this application. You will be alerted no less than 14 days from the departure date in the event that the trip or course is not going to run. If YOU cancel a trip or course 14 days or less from the set departure date, 50 % of your payment will be withheld by Skyline Adventures. If you cancel your trip within 1 week of the start date, we reserve the right to process payments in full with no reimbursement. In the event that a client leaves a trip early, there will be no refund. This includes, but is not limited to medical, behavioral, and motivational issues. Any expenditure associated with evacuations or medical treatment will be assumed by the client.

FORCE MAJEURE:

We regret that we cannot accept liability or pay compensation if we are forced to cancel, curtail or in any way change your trip or if the performance of our contractual obligations is prevented or affected by circumstances amounting to "Force Majeure". Such circumstances shall include, but are not limited to war, riot, civil strife, industrial dispute, terrorist activity, natural disaster, closure or congestion of airports, and similar events beyond SAS's control. SAS reserves the right in any circumstances to cancel your trip. In circumstances where SAS is unable to provide the trip booked due to "Force Majeure", we will return to you all monies paid, excluding half of the \$500 deposit (\$250). Very rarely, SAS may be forced to curtail a trip after the date of commencement should circumstances amounting to "Force Majeure", as defined above, occur. In this very unusual situation, SAS cannot make any refunds or be responsible for any costs or expenses incurred by you as a result.

CLIENT INTIALS: _____

ASSUMPTION OF RISK:

Mountains remain inherently dangerous places, and spending time in them is not without risk. **Please carefully read and initial each statement** and then **sign the form at the bottom**. If you need more information regarding the risks you are assuming, please contact us to have them explained in greater detail before you sign the form.

- I understand the following dangers associated with mountain sports including but not limited to: Cold and Severe Weather, Rock and Ice Fall, High Altitude, Crevasses, Exposed Terrain, and Avalanches, and that these dangers could result in permanent injury or death. _____
- I understand that these risks can be minimized but not eliminated through the use of proper technique, and I am willingly and knowingly assuming these risks. _____
- Should I become injured or ill, I give permission for the Skyline Adventure School staff to seek emergency medical or rescue services for me. _____
- I understand that I will pay for any medical or rescue expenses incurred by me as a result of my participation in this trip. I further understand that Skyline Adventure School carries no medical insurance on my behalf and that I should make my own arrangements for medical coverage while participating in this trip. _____
- I understand the nature of the trip I am applying for and am able and willing to participate in all of the activities. I agree to conduct myself in a safe and responsible manner and understand that failure to do so may lead to my dismissal from the activity or trip. _____
- I understand the need to be physically prepared prior to the trip start. _____
- I agree to notify my guide(s) of any changes to my mental and physical health and fitness which may occur during the trip. _____
- I understand that the guide reserves the right to terminate the summit attempt or alter any trip objectives for any reason. _____

Participant Signature: _____

Date: _____