



ST. ELIAS ALPINE GUIDES, LLC EXPEDITION APPLICATION

Welcome! We're glad you have decided to join us for a great Alaskan Adventure. Before filling out this form, we recommend that you contact us to discuss your trip to make sure that it is a good match for your goals, health and prior experience.

Each member of your party should fill out this form as well as the Assumption of Risk form, which can also be found in the reservation section of our website. Please return the forms to us with a deposit of \$500 to confirm your spot on the trip. We will confirm receipt of your payment and forms by email or mail. For all of our expeditions, the balance will be due 30 days in advance of the trip start date. Reservations made less than 30 days in advance should be accompanied by full payment.

PARTICIPANT INFORMATION (PLEASE PRINT)

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email address _____

Emergency Contact Person _____ Relationship _____

Phone _____ Cell _____

Email address _____

Name of Expedition _____

Dates _____

CANCELLATION POLICY FOR ST. ELIAS ALPINE GUIDES, LLC EXPEDITIONS

If notice of cancellation is received 30 days or more before departure of the expedition or course, a refund of your advanced payment less \$200 will be made. If you cancel less than 30 days prior, you will forfeit \$500. These cancellation fees may be applied to a future trip within 1 year. This cancellation policy covers any and all reasons for canceling participation in the expedition, including accidents, illness, weather, and acts of nature. No refunds will be given due to bad weather prior or during our expedition. We strongly recommend you purchasing a travel insurance policy such as issued by Travel Insured. Please see our website for more information.

I have read the current application procedure and cancellation policy above and agree to the conditions:

Signature _____

Date _____

EXPERIENCE AND GOALS

Depending on your trip, previous experience in these areas may not be necessary, but the information below will help us choose your guide(s) and plan an itinerary that fits your abilities and goals. Feel free to contact us with any questions you might have. In many cases, the guide(s) leading your trip will contact you directly prior to your adventure.

What outdoor experience do you have? Please specify region and difficulty of terrain.

Backpacking: _____

Hiking: _____

Climbing: _____

Rock: _____

Ice: _____

Mountaineering: _____

Rafting: _____

Have you ever been a participant on a guided trip before?

What are your goals and expectations for this trip?

What inspired you to sign up on this trip with us?

How did you find out about us (please be as specific as possible)?

Please send expedition application and risk form via email, fax or mail to:

ST. ELIAS ALPINE GUIDES, LLC

PO Box 92129

Anchorage, AK 99509

Toll free phone and fax: (888) 933-5427

Local / International phone: (907) 554-4445

info@steliasguides.com

MEDICAL INFORMATION

Accurate, current medical information must be on file for your protection in order to participate in the program. For your protection, please inform us of any limitations which could affect your performance and well being during your adventure. This information is part of your file and is confidential. Complete all of the following questions. If changes occur later please let us know before your trip begins.

We strongly recommend that all members of St. Elias Alpine Guides, LLC ("SEAG") expeditions have their own health and accident insurance. This form gives us the necessary information should we need to provide it to a hospital.

Name of Insurance Company: _____ State: _____ Policy No.: _____

Your Doctor: _____ Telephone Number(s): _____

YOUR MEDICAL HISTORY

Do you have any known allergies? Yes No If Yes, describe: Food: _____

Medications: _____ Insects: _____

Other: _____

Treatment: _____

During the past 5 years have you had any major accidents or illnesses? Yes No If Yes describe:

Have you ever experienced back problems? Yes No If yes, describe: _____

Have you ever had knee, ankle, shoulder or other joint problems? Yes No If yes, describe:

Have you ever broken a bone? Yes No If yes, describe: _____

Have you ever had frostbite or any other cold injury? Yes No If yes, describe: _____

Have you ever experienced any form of altitude illness? Yes No Please provide information on the rate of ascent, altitudes, medications and how the problem was dealt with: _____

Do you have any physical or medical conditions that might restrict your full participation in this expedition?

Yes No If yes, describe: _____

Do you wear... glasses? contact lenses?

We are able to accommodate most dietary restrictions. Please specify your needs: _____

Height: _____ Weight: _____ Jacket size: _____ Pants Size: _____ Shoe Size: _____

Check your level of medical training:

NONE FIRST AID CPR EMT-A,B,W,P PARAMEDIC DOCTOR NURSE

OTHER: _____

I understand that the trip requires participation in outdoor and indoor activities which are physically and mentally demanding. The curriculum involves personal risk and danger inherent with the environment and activity. Participants must be free of medical or physical conditions which might create undue risk to themselves or to others who depend on them. I accept full and legal responsibility for notifying St. Elias Alpine Guides, LLC in advance of any conditions or limitations which might affect my ability to fully participate in the expedition.

By signing this form the undersigned certifies that he/she **(a)** has read and understands the nature of the activities, rules and regulations pertaining to the trip, and assumes the risk thereof, **(b)** has noted on this medical form any physical or medical conditions which could affect his/her performance and well-being during the trip, **(c)** releases St. Elias Alpine Guides, LLC and any and all individuals involved in or assisting with these activities from monetary claims, **(d)** authorizes St. Elias Alpine Guides, LLC personnel, in the event of personal injury or illness, to make all medical, hospital and surgical procedures/decisions on my behalf. Facsimile copy of this form is valid as an original.

Signature: _____ Date: _____

Printed Name: _____