

MOUNT RAINIER PARTICIPANT INFORMATION

Please complete the RMI Registration Packet and return it to our office at least 30 days prior to your program date. Mail to RMI, Post Office Box Q, Ashford WA 98304 or fax to (360) 569-2982.

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Work # _____ Home # _____

Cell # _____ E-mail _____

Occupation _____

EMERGENCY CONTACT INFORMATION

Name _____ Relation _____

Address _____

City _____ State _____ Zip _____

Work # _____ Home # _____

Cell # _____ E-mail _____

TRAVEL INSURANCE

We strongly encourage everyone to consider purchasing travel insurance. Travel insurance offers the best possible protection if you have a sudden, unexpected illness or injury prior to or when traveling. Check with the insurance provider for specific coverage details.

Have you purchased travel insurance? YES NO

If yes, please provide company name and policy number _____

If you have not yet purchased travel insurance, you may do so prior to commencement of the program

Office Use Only

Program: _____

Group Name: American Lung Association 2009

MOUNT RAINIER PARTICIPANT'S ASSUMPTION OF RISK

WARNING: There are significant elements of risk in any activity, training or use of any equipment associated with trekking, hiking, mountaineering, rock climbing, rock face climbing, ice climbing, ski mountaineering and walking on glaciated terrain (the "activities"). We do not want to frighten you or reduce your enthusiasm, but we do think it is important for you to be informed about risks inherent in the activities.

In consideration of the services of Rainier Mountaineering, Inc., and its officers, agents and employees and all other associated persons or entities (the "Concessionaire"), I understand and agree that:

Although the Concessionaire will take reasonable steps to provide appropriate equipment and capable guides, I may not be skilled in one or more activities and I know these activities are not without risk. I understand that certain risks cannot be eliminated without destroying the unique character of the activities. The same elements that contribute to the enjoyment of the activities can cause loss or damage to equipment, accidental injury, illness, and, in extreme cases, permanent trauma and even death. The following describes some, but not all, of the inherent risks of the activities:

1. Falls;
2. Crossing, climbing, or climbing down rock, snow, and ice; and steep or uneven terrain;
3. Travel and river crossings, including travel to or from the activities;
4. Traveling in glaciated terrain, including; crevasse falls, crossing crevasses, and snow bridges;
5. Being struck by rockfall, icefall, or other objects dislodged, dropped or thrown from above;
6. Altitude related sicknesses and conditions including, but not limited, to acute mountain sickness, pulmonary edema, cerebral edema, and retinal hemorrhage;
7. Cold weather related injuries including hypothermia, frostnip and frostbite that may result in loss of limbs, digits, and permanent scarring;
8. Heat related illnesses, including heat exhaustion and heat stroke;
9. My own capabilities may contribute to the risk, including my sense of balance, physical coordination, and ability to follow instructions, and the actions of other climbers;
10. If I experience fatigue, chills or dizziness during the activities, my reaction time will be diminished and the risk of accident will increase;
11. Equipment failure, or injury from equipment;
12. An "act of God" including things like avalanche, icefall, rockfall, inclement weather, high winds, and severe cold;
13. Accidents or illnesses occurring in remote places without available medical facilities.

I know these activities entail risk of injury or death. I understand this description of inherent risks is not complete and that other risks, anticipated and unanticipated, also can result in injury, illness or death. I accept full responsibility for all the risks of these activities, whether or not listed in this agreement. My participation in these activities is purely voluntary. I choose to participate in spite of and with full knowledge of the risks.

I possess at least the following qualifications, which I understand are prerequisites to my participation in these activities:

- a. I am physically and mentally capable of participating in the activities, including using the equipment.
- b. I am safety conscious and acknowledge that wearing an UIAA Approved helmet may be a basic safety precaution with respect to preventing head injury.

I certify, by signature below, that I am fully capable of participating in the activities. I also certify that I accept the risk of any medical or physical condition I may have.

I assume full responsibility for myself, including any minor children for whom I am responsible, for bodily injury, accidents, illness, death, loss of personal property, and any related expenses, resulting from the risks and dangers of the activities and my/our negligence while participating in the activities.

I have read and accept the foregoing terms and conditions. This Assumption of Risk is binding upon myself, my heirs, my personal representatives and administrators, and all members of my family including any minors accompanying me in any of the activities.

Participant's Full Name [Please Print] _____

Participant's Signature _____ **Date** _____

A parent or legal guardian must sign below for any Participant that is under 18 years of age. On behalf of any minor participant the parent or legal guardian understands and accepts all the terms of the Assumption of Risk.

Parent/Guardian's Full Name: [Please Print] _____

Parent/Guardian Signature _____ **Date** _____

MEDICAL INFORMATION

Please circle YES or NO for each item. In the interest of safety for yourself and other team members, please carefully answer each question.

General Medical History

Do you currently have or do you have a history of:

- | | | |
|---------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Respiratory problems? Asthma? | YES | NO |
| 2. Gastrointestinal disturbances? | YES | NO |
| 3. Diabetes or family history of diabetes? | YES | NO |
| 4. Hypertension, heart disorder or family history of either? | YES | NO |
| 5. Bleeding or blood disorders? | YES | NO |
| 6. Hepatitis or other liver disease? | YES | NO |
| 7. Neurological problems, seizures, epilepsy? | YES | NO |
| 8. Dizziness or fainting episodes? | YES | NO |
| 9. Have you ever had a concussion? If yes, when? _____ | YES | NO |
| 10. History of heat stroke or other heat related illness? | YES | NO |
| 11. Frostbite, frostnip, or Raynaud's Syndrome? | YES | NO |
| 12. Altitude-related problems including Acute Mountain Sickness, cerebral edema or pulmonary edema? | YES | NO |
| 13. Knee, hip, ankle, shoulder, arm, back, or eye injuries, including sprains, dislocations, and/or any operations? | YES | NO |
| 14. Disorders of the urinary or reproductive tract? | YES | NO |
| 15. Treatment or medication for menstrual cramps? | YES | NO |
| 16. Are you pregnant? | YES | NO |
| 17. Are you currently in, or do you have a history of, treatment or counseling with a mental health professional? | YES | NO |
| 18. Are you currently under the care of a doctor? | YES | NO |

Please describe in detail any YES answers to the above questions. Use additional pages as necessary.

Are there any other conditions not listed above that might affect your health? YES NO
If yes, please explain _____

Are you allergic to any foods, plants, insects or medications? YES NO
If yes, please explain _____

Are you currently taking any prescription medications? YES NO
If yes, please explain and indicate dosage and frequency _____

Please have all of your medications with you throughout your program.

Please describe your overall health _____

Height: _____ **Weight:** _____

Please describe your general level of fitness and your current training program _____

The information provided above is a complete and accurate statement of my physical and psychological conditions which may affect my participation on this trip. I realize that failure to disclose such information could result in serious harm to myself and fellow team members. I agree to inform RMI should there be any change in my health status prior to the start of the trip.

Participant's Full Name [Please Print] _____

Participant's Signature _____ **Date** _____

A parent or legal guardian must sign below for any Participant that is under 18 years of age. On behalf of any minor participant the parent or legal guardian understands and accepts all the terms of the Medical Form.

Parent/Guardian's Full Name: [Please Print] _____

Parent/Guardian Signature _____ **Date** _____

MOUNT RAINIER PROGRAM POLICIES

Please read this carefully before signing. By signing this agreement you understand and accept these Program Policies which govern the relationship between you (the “Participant”) and Rainier Mountaineering, Inc. (“RMI”). By booking a program with RMI, you agree to be bound by these Program Policies which include, among other things, RMI’s policies regarding payment, refund and cancellation, risk management, climber responsibilities, and other general policies in connection with the program.

The RMI Registration Packet consists of the Participant Information Form, Participant’s Assumption of Risk Form, Medical Information Form and this Program Policies Form. This packet must be completed no later than 30 days prior to the starting date of your program.

PAYMENT, REFUND AND CANCELLATION POLICIES

Payments:

A deposit of \$300 per person secures your reservation. Payments may be made via MasterCard, Visa, American Express, or check. Final payment is due 90 days prior to the start of your program, and we will send a payment reminder approximately three weeks before your payment is due. If your final payment is not received within 90 days of the program your reservation will be cancelled and all fees forfeited. Trips departing within 90 days from the reservation date must be paid in full at the time of reservation.

Cancellations:

Once we receive written notification (mail, e-mail, or fax) that you are canceling an individual participant or your entire reservation the following fees will apply. A fee of \$300 per person will be charged for cancellations made more than 60 days before departure. There will be no refunds for cancellations made less than 60 days before your program. Unfortunately, due to the time-sensitive nature of our business, and the difficulty in re-booking a trip close to departure, we cannot make exceptions to this policy.

Change of Date:

Date changes are subject to availability and apply only to the current climbing season. Date changes may be requested at anytime up to 30 days prior to your departure date for a \$100 fee per person. There are no date changes allowed less than 30 days before departure.

RISK MANAGEMENT

RMI guides draw from their wealth of experience and training to make sound decisions that improve your chance of reaching the summit without compromising the necessary margin of safety. Managing risk is RMI’s number one priority. Our guides manage significant hazards inherent in mountaineering such as avalanches, ice fall, rock fall, inclement weather, and high winds, but they cannot eliminate them.

Please clearly understand that mountaineering is inherently a hazardous sport. You are choosing to engage in an activity in which participants have been injured and killed. While those accidents are indeed infrequent, they may occur at any time and be out of our control. We ask that participants acknowledge the risk and hazards of mountaineering, and make their own choices about whether or not to engage in this activity.

CLIMBER RESPONSIBILITIES

Mountaineering is both an individual challenge and a team endeavor. Some of the responsibility for the team is carried by the individual climbers. For this reason, we ask that each participant:

- is physically and mentally fit, properly attired and equipped, and continues to self assess throughout the program to ensure as safe a climb as possible. If a climber’s own physical fitness limits his or her ability to safely continue upward, that can have a negative impact the summit experience or opportunity of other climb participants.
- honestly and accurately describe themselves, in terms of fitness, health and skills, and their equipment to their guides, and that they adhere to the advice of their professional mountain guide.

GENERAL POLICIES

RMI's program plans and itineraries are subject to change or adjustment based on a number of factors. These include, but are not limited to, route conditions, weather, terrain, and many other factors. RMI has complete discretion to change plans to accommodate any of these or other factors, including discretion to change program schedule or itinerary, and change guides or staff, as necessary for the proper and safe conduct of the program.

We reserve the right to cancel any program due to inadequate signups, weather or route conditions. In such a case, a full refund is given; however, RMI cannot be responsible for any additional expenses incurred in preparing for the program (i.e., airline tickets, equipment purchase or rental, hotel reservations).

RMI cannot guarantee that you will reach the summit of Mount Rainier. Weather, route conditions, your own abilities, or the abilities of other climbers may create circumstances that make an ascent unsafe, and you or your entire party may have to turn around without reaching the summit. Failure to reach the summit due to a person's own lack of fitness or to any of the events associated with mountaineering (such as weather, route, avalanche hazard, team dynamics, etc.), are not Rainier Mountaineering, Inc.'s responsibility and will not result in refund or reschedule.

If the Participant decides to leave a trip at any time after the start of the trip and prior to its conclusion, he or she will not be entitled to a refund.

RMI reserves the right to dismiss the Participant from a trip or to send the Participant to a lower altitude at any time if RMI determines, in its sole discretion, that the Participant is not physically, technically, or psychologically prepared for or capable of participating in the program.

The Participant understands and agrees that RMI assumes no responsibility or liability in connection with any travel and hospitality service provided to the Participant by others in connection with the trip, including but not limited to the services provided by airlines, hotels, and motor vehicle operators, and that RMI is not responsible for any act, error, omission, or any injury, loss, accident, delay, irregularity, or danger by a supplier of travel or hospitality services to the Participant in connection with the RMI program.

RMI recommends and strongly advises that the Participant have or purchase personal life, medical, accident, travel, baggage, trip cancellation, and other insurance that may pertain to participation in the program. The Participant understands that RMI provides no such insurance coverage in connection with the trip.

Rainier Mountaineering, Inc. operates under contract as a concession within Mount Rainier National Park. Occasionally our teams encounter other climbers, whether guided or non-guided, who need assistance in the form of rescue or evacuation. We are both contractually and ethically obligated to assist these climbers when practical and safe to do so. This rendering of assistance may compromise your program and the possibility exists that your climb may be aborted. While rescues and evacuations occur very infrequently, such situations are beyond our control, and a refund will not be offered.

I have had a full opportunity to review the Program Policies and I have read, understand and agree to them of my own free will on behalf of myself, my heirs, my personal representatives and administrators, and all members of my family including any minors accompanying me in any of the activities.

Participant's Full Name [Please Print] _____

Participant's Signature _____ **Date** _____

THIS APPLICATION IS SUBJECT TO FINAL ACCEPTANCE BY RMI.

A parent or legal guardian must sign below for any Participant that is under 18 years of age. On behalf of any minor participant the parent or legal guardian understands and accepts all the terms of the Program Policies.

Parent/Guardian's Full Name: [Please Print] _____

Parent/Guardian Signature _____ **Date** _____