

**Expeditions International  
Front Range Mountain Guides**

**Colorado Mountaineering Applicant Personal Information Form**

Participant Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency contact Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day/Evening phone# \_\_\_\_\_

I have purchased traveler's Insurance for this trip:  YES  NO

If yes, provide Provider Name \_\_\_\_\_

If yes provider policy number \_\_\_\_\_

The above information is true and correct:

Participant signature: \_\_\_\_\_

**Other Activities I am interested in:** Rock Climbs  Ice Climbs  Snow Climbs

International Snow Climbs  Technical Mountaineering  Snowshoeing Trips \_\_\_\_\_

International Rock climbs  Group Rock Climbing Road Trips  X/C Ski Trips \_\_\_\_\_

Multi-Adventure trips \_\_\_\_\_ International Hiking \_\_\_\_\_ International Trekking Trips \_\_\_\_\_

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**Colorado Mountaineering Applicant Medical Information Form**

Participant Name : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Please list any physical disabilities, conditions, past injuries, or any other physical limitations that you have which could limit your participation in any way. If you have no injuries that would fall into this category, write "None".

\_\_\_\_\_  
\_\_\_\_\_

List ALL drugs you are allergic to :

\_\_\_\_\_

Answer the following questions by checking "yes" or "no" Have you ever had any of the following?

If you answer "yes" to any of the following please describe more in detail on the back side of this page the symptoms and duration and if the condition limits you in any way now.

Allergies Yes \_\_\_ No \_\_\_

Altitude Problems Yes \_\_\_ No \_\_\_

Asthma Yes \_\_\_ No \_\_\_

Cerebral Edema Yes \_\_\_ No \_\_\_

Diabetes Yes \_\_\_ No \_\_\_

Dislocations Yes \_\_\_ No \_\_\_

Epilepsy Yes \_\_\_ No \_\_\_

Frostbite Yes \_\_\_ No \_\_\_

Heart Disease Yes \_\_\_ No \_\_\_

Hearing Impairment Yes \_\_\_ No \_\_\_

Knee Problems Yes \_\_\_ No \_\_\_

Shoulder Problems Yes \_\_\_ No \_\_\_

If you are currently taking or will be taking any medications at the time of the trip, please list them and the dosage:

\_\_\_\_\_  
\_\_\_\_\_

The information I have supplied on this form is true and correct and complete and I have consulted a physician for this information.

Participant's signature : \_\_\_\_\_

Date : \_\_\_\_\_

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Front Range Mountain Guides

FRONT RANGE MOUNTAIN GUIDES  
STATEMENT AND LIABILITY WAIVER

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Trip dates \_\_\_\_\_

E-mail address \_\_\_\_\_

Course/Trip Taken \_\_\_\_\_

\$ 50 Deposit Per Person, Per Day Enclosed ( Required for Registration )

Make Checks Payable To : Front Range Mountain Guides

Deposits are required along with application. A class will not be considered reserved without a deposit and a completely filled out application.

This activity involves a climb which is by its nature, physically demanding. Therefore, the participant must be free from medical or physical conditions that might create undue risk to him/herself or to other participants who may depend upon them.

*I FULLY REALIZE THE DANGERS OF PARTICIPATING IN SUCH AN ACTIVITY AS THE ONE LISTED ABOVE UNDER " COURSE /TRIP TAKEN" AND VOLUNTARILY ASSUME ALL THE RISKS ASSOCIATED WITH SUCH PARTICIPATION. THESE RISKS INCLUDE, BUT ARE NOT LIMITED TO:*

Accidents that may happen while traveling to activity locations including provided transportation, or carpools; skiing, snow shoeing, walking, hiking, or scrambling to and from high places; falling or sliding across rock, snow, or ice; falling rock, snow, or ice; sudden changes in weather; inappropriate use of equipment by the participant or by other participants; the possibility of medical attention several hours to several days away.

I agree to authorize and release to Expeditions International the use of my image in any photograph or video recording for any legal purpose of Expeditions International.

I HAVE READ AND UNDERSTAND THE ABOVE (Initial here) \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Legal Guardian \_\_\_\_\_

IN CASE OF AN EMERGENCY NOTIFY:

Name \_\_\_\_\_ Phone \_\_\_\_\_

PLEASE ADD ME TO YOUR EMAIL LIST Yes  No

