



# AMERICAN ALPINE INSTITUTE, LTD.

## CLIMBING AND TREKKING EXPEDITION APPLICATION

**TO REGISTER:** Complete all four pages of this form and submit it along with a registration fee of \$300 for continental U.S. programs, a \$500 registration fee for programs in Alaska (except Denali) and outside the U.S., a \$1000 registration fee for Denali, or full payment for the Rainier program to: American Alpine Institute, Ltd., 1515 - 12<sup>th</sup> Street, Bellingham, Washington, 98225. We will hold telephone reservations for six days while awaiting your mailed registration form and check. Call 360-671-1505, 9am to 5:30pm Pacific time, Monday through Friday. You can also register online at <https://www.aai.cc/register.asp>. Note: This form is for programs costing less than \$10,000.

**WHEN YOU REGISTER:** We will email or mail to you a registration packet that contains all the necessary information for your trip, including a detailed equipment list, recommendations on background reading, information on Leave No Trace ethics and more.

In an effort to cut down on paper consumption, AAI now sends registration handbooks via email in PDF format. If you DO NOT wish to receive an electronic registration packet, please check the box below.

I cannot receive an electronic registration packet, please send me a paper copy of the materials.

Name of Trip \_\_\_\_\_ Trip Dates \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact's home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

INTERNATIONAL TRIPS ONLY	
Passport Number: _____	Citizenship: _____
Date of Issue: _____	Place of Issue: _____
Birthdate: _____	Birthplace: _____

How did you hear about us (e.g. Climbing magazine, web search, friend): \_\_\_\_\_

On a separate sheet of paper please provide the following information (without this information, your registration is not confirmed):

1. **OUTDOOR EXPERIENCE:** Please describe your outdoor and/or mountaineering experience, particularly as it is relevant to the program for which you are registering. This information will help your instructor and guide address your individual interests and goals as effectively as possible.
2. **PHYSICAL CONDITION:** What physical activity do you have during a normal week? What special things will you be doing to get ready for your program?

**IMPORTANT:** Please fill out the Medical Information form, located on page 4 of this application. Without this information, your registration is not confirmed.

I have enclosed \$ \_\_\_\_\_ Make checks or money orders payable to: American Alpine Institute, Ltd.

\*Visa/MasterCard: \_\_\_\_\_ Expires: \_\_\_\_\_

\*A 2.5% bank charge will be added to any credit card tuition payment.

Signature: \_\_\_\_\_

# TERMS AND CONDITIONS

## POLICIES ON CANCELLATION, TRIP OPERATIONS, & PERSONAL RESPONSIBILITY

### DOMESTIC TRIPS (except Mt. Rainier and Alaska):

I understand and agree to the following schedule of payments, refunds, and non-refundable cancellation fees. **Payments:** Final payment is due 60 days prior to the beginning of the program. My non-payment of fees on the date they are due shall constitute my cancellation, subject to the normal cancellation policy. **Cancellation Policy:** Except for a \$100 non-refundable registration fee, tuition payments will be fully refunded if I need to cancel or reschedule so long as I give American Alpine Institute, Ltd. (AAI) 60 days written notice. The same refund policy applies with less notice if the program is full and someone takes my place. If not, half the program fee is forfeited with 30 to 59 days written notice and the full program fee is forfeited with less than 30 days written notice. Additional conditions are described below in the section "All Trips." **[Note:** If registering less than 60 days before the beginning of your program, confirm your place by telephone and then submit this form and the full fees.]

### RAINIER TRIPS:

I understand and agree to the following schedule of payments, refunds, and non-refundable cancellation fees. **Payments:** I understand that full fees are due upon registration. **Cancellation Policy:** I understand that in the event I cancel, except for a \$100 non-refundable registration fee, the remainder of my payment will be refunded only if the trip is full and someone takes my place. Otherwise, the full fee is non-refundable. Additional conditions are described below in the section "All Trips".

### TRIPS OUTSIDE THE U.S. AND IN ALASKA:

I understand and agree to the following schedule of payments, refunds, and non-refundable cancellation fees for programs costing less than \$10,000 (for trips costing more, do not use this form). **Payments:** Half the balance of the program fees are due 120 days prior to departure. The final payment is due 60 days prior to departure. My non-payment of fees on the date they are due shall constitute my cancellation, subject to the normal cancellation policy. **Cancellation Policy:** If cancellation is received 120 days or more prior to the date of departure, the registration fee will be refunded except for a \$250 non-refundable registration fee for all programs in this category except Denali. For Denali the non-refundable registration fee is \$1000. The same refund policy applies with less notice if the program is full and someone takes my place. With 60 to 119 days written notice, the cancellation fee is 50% of the program fees; with less than 60 days written notice, all program fees are forfeited. Additional conditions are described below in the section "All Trips."

### ALL TRIPS:

I understand that most American Alpine Institute, Ltd. (AAI) groups range in size from seven to ten participants down to just a few participants depending on the program and climber to guide ratios, that with such small groups individual cancellations can seriously affect the finances of the program, and that these policies have been established to protect the participants from the cancellation of their trip because of late withdrawal by others and to cover the planning, administration, logistical, and other costs experienced by AAI. I understand that in the unlikely event AAI is unable to operate this program because of inadequate participation, I will receive a refund of all land fees paid for it. I understand that AAI encourages the purchase of trip cancellation insurance that covers losses in the event that illness or injury prevents participation in my chosen program.

I understand and agree that AAI retains the discretion both prior to and after departure to cancel any tour, trip, course, expedition, or program (collectively the "program"), and to alter or omit any part of an itinerary, to substitute hotels, to change leaders, and to change any means of conveyance without notice. I understand and agree that in the event of cancellation of a program, AAI is not responsible for expenses incurred in preparation for the program (including but not limited to airfare and travel insurance). I further understand and agree that if programs are canceled due to acts of insurrection, strikes, acts of God, or any other cause beyond the control of AAI, AAI may issue partial refunds, at its sole discretion, either based on a pro-rating of program fees (program days used in relation to total program length) or based on the difference between original and revised program budgets.

I understand that it is my responsibility to select a program appropriate to my physical abilities, mental preparedness, and interests and that I am responsible for being in sufficiently good health to undertake the program. I understand that I am responsible for studying all pre-departure information, for bringing all the clothing and equipment included on the program's equipment list, for conforming to standards of personal hygiene to minimize the risk of illness to myself and fellow program members, and for acting in a manner considerate of fellow program members and the cultures and natural regions visited. I understand and agree that if in the opinion of AAI I fail to fulfill these obligations, AAI, at its sole discretion, may terminate my participation in the program without refund of fees. I understand that these conditions are set forth to protect the safety, health, integrity, and success of the program.

I, (print name) \_\_\_\_\_, have read, understand, and agree to the terms of the policies on cancellation, trip operations, and personal responsibility described above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature if under 18 years of age: \_\_\_\_\_



AMERICAN ALPINE INSTITUTE, LTD.

**Recognition of Hazards, Assumption of Risk, & Release from Responsibility & Liability**

**DO NOT INITIAL OR SIGN THIS FORM WITHOUT READING IT CAREFULLY.  
IF YOU DO NOT UNDERSTAND IT OR HAVE ANY QUESTIONS, PLEASE INQUIRE.**

**I. Purpose of this form:**

As used in this release "AAI" means American Alpine Institute Ltd., its directors, officers, instructors, guides, employees, medical advisors, and agents.

This is an agreement to comprehensively release and hold harmless AAI from any claims arising out of your participation in one or more of its climbing programs and/or climbs attempted by you thereafter.

This form makes your assumption of risk complete and your release of AAI from liability comprehensive, since it applies to all your activity with and related to AAI, including instruction; practice climbing; skiing; snow shoeing; belaying; ascending, descending and traversing terrain; camping; rescues; and the learning, practice, and application of other climbing and protective system skills, as well as travel to and from particular destinations, whether on foot or otherwise.

I UNDERSTAND THE ABOVE DESCRIPTION AND THAT THIS FORM IS A COMPREHENSIVE RELEASE OF ALL CLAIMS I MIGHT HAVE AGAINST AAI.

Initial \_\_\_\_\_

**2. Recognition of Hazards:**

All climbing involves hazard and the risk of injury and/or death. The climbing you will do with AAI is no exception. Your climbing will involve objective hazards that may include the movement or fall of rock, snow, ice, and water, none of which can necessarily be controlled or accurately predicted. There is always the possibility of rapid weather deterioration with rain and snow and sub-freezing temperatures.

There are additional risks involved in your climbing because of the potential of falling and being injured. Especially in rugged terrain or in any terrain with crampons on and/or an ice axe in hand, even a slip or short fall can cause a serious injury.

There is additional potential hazard due to failure of equipment, failure of belays, failure of anchors, and failure of other climbers to take needed actions or perform certain skills.

Because this is a physically intense sport, it includes the possibility of exercise-induced or sport-induced injuries, including but not limited to fracture, sprain, dislocation, muscle pull, altitude sickness, snow blindness, general or specific strain. You may experience negative psychological and/or physical effects from the stresses inherent in multi-day group travel and climbing.

In the case of injury or illness in the mountains, there may be a need for evacuation or medical treatment when none is available on a timely basis. Because evacuation and/or medical treatment may not be available, there may be a need for your guide or instructor to give you such treatment as the cleaning and closure of wounds; the splinting of strains, sprains, or breaks; the dispensing of prescription medicines; and other medical practices or first aid without the direction or supervision of a physician.

I UNDERSTAND AND RECOGNIZE THESE HAZARDS, AND I ACCEPT THEM AS A PART OF THE TRAVEL AND CLIMBING THAT I AM UNDERTAKING WITH AAI.

Initial \_\_\_\_\_

**3. Authorization and Release (this includes a complete release from responsibility and liability)**

I understand and recognize that there is a significant element of danger and risk in climbing, and I accept and assume those risks. Knowing the inherent dangers and risks involved in this activity, I certify that I and all my family members who are participating, including any minor children, are fully capable of participating in the activities, both mentally and physically. I assume full responsibility for myself and my family, including any minor children, for bodily injury, death, loss of personal property, and expenses thereof.

In the event that injury or illness renders me unconscious or if I am otherwise unable to make judgments or decisions on my own about whether to accept first aid treatment, I hereby authorize my instructor, guide, and other AAI personnel to administer first aid to me without the supervision of a physician and according to their own judgement, and including but not limited to any or all of the following: the dispensing and administration of prescription drugs; the cleaning, closure, and bandaging of wounds; the splinting and bandaging of strains, sprains, and breaks; the administration of cardio/pulmonary resuscitation; the administration of artificial respiration; the application of tourniquets; and moving me to another place in hopes of improving my safety and/or that of the person(s) helping me, notwithstanding my injured condition.

In consideration of the services I am to receive from AAI, I assume the risks indicated above and release AAI from any and all claims, damages, liability, expense, or cost of any kind that may arise out of the services and/or other arrangements provided for me. I hereby voluntarily release, hold harmless, and agree to fully indemnify and defend AAI from any claims or demands arising from my actions or omissions in connection with the activities described here and/or with the other arrangements provided for me, whether negligently or otherwise. In defending against any such claims, I will employ competent lawyers of my choosing on behalf of AAI, subject to AAI's consent (which will not be unreasonably withheld), and I will keep AAI apprised of all significant developments regarding such claim. The terms hereof serve also as a release of liability and an assumption of risk by my heirs, executors, administrators, assigns, and members of my family.

I understand that AAI acts not as agent but only as co-ordinator between myself and the companies providing transportation, accommodations, and other services used in conjunction with my program, and that all these services are subject to terms and conditions set by those companies. In accepting such services I agree that AAI shall not be held responsible or liable for any claims, damages, liability, expense, or cost of any kind that may arise out of those services.

Over →

If AAI incurs attorney's fees or costs to enforce this agreement (whether or not suit is brought), I agree that AAI shall be entitled to recover from me all such fees and costs.

I agree that in the event any part or portion of this agreement is found to be void or unenforceable, then such part or portion will be stricken but the rest of the agreement will be given full force and effect.

In any legal action arising out of this Release and/or my participation in this program (including all supervised or unsupervised activity in preparation for, during, following, or resulting from it), I agree irrevocably to submit to the exclusive jurisdiction and venue of the Superior Court of the State of Washington for Whatcom County. Any such action shall be governed by the laws of the State of Washington.

I HAVE READ AND UNDERSTOOD ALL OF THE FOREGOING BEFORE SIGNING. I HAVE RECEIVED NO OTHER PROMISE, AGREEMENT, OR EXPLANATION REGARDING THE POTENTIAL LIABILITY OF AAI.

_____		_____	
Signature		Name (please print)	
_____			
Date	Emergency phone	Person to contact	

### MEDICAL INFORMATION

Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Program Name \_\_\_\_\_ Program Dates \_\_\_\_\_

Please answer each of the following health questions by providing detailed information that includes dates and medical response. Please let us (or your guide/instructor) know of any changes that occur prior to your course!

Have you ever had frostbite or any other form of cold weather injury? No \_\_\_ Yes \_\_\_ Describe:

Have you ever experienced any form of altitude sickness? Please provide detailed information on rate of ascent, altitudes, medications taken, and how the illness was dealt with. No \_\_\_ Yes \_\_\_ Describe:

In the past two years, have you had any major accidents or illnesses? No \_\_\_ Yes \_\_\_ Describe:

Do you have any physical limitations or medical conditions that might restrict your full participation in this program? No \_\_\_ Yes \_\_\_ Describe:

Specifically, have you ever dislocated a shoulder? No \_\_\_ Yes \_\_\_ Describe:

Do you have any knee problems? No \_\_\_ Yes \_\_\_ Describe:

Will you be taking any medications during this trip? No \_\_\_ Yes \_\_\_ Describe:

Do you have any known allergies? To food: No \_\_\_ Yes \_\_\_ Describe:

To medications: No \_\_\_ Yes \_\_\_ Describe:

To bee stings: No \_\_\_ Yes \_\_\_ Describe:

Do you have any specific dietary needs (e.g. vegetarian)?

Do you wear contact lenses? No \_\_\_ Yes \_\_\_

Are you familiar with standard first-aid and CPR techniques?