



SKYWARD MOUNTAINEERING
VINCE ANDERSON, CERTIFIED U.I.A.G.M.



(970)209-2985/skywardmountaineering.com/vince@rmi.net/PO Box 323/Ridgway CO/81432

Participant Information & Registration Form

Please complete both sides.

Trip name & dates:

The following information is helpful for us to ensure that the given activity is appropriate for you and to facilitate treatment, should a problem arise. Most activities require a high level of overall fitness. You may be asked to consult a physician. All the information provided here will be kept confidential to *Skyward Mountaineering* management and your guide(s).

Name (please print):

Day phone:
Evening phone:
E-mail:
Other:
Height & weight:

Date of birth:
Emergency contact (name & number):

Special dietary needs/concerns:
Physicians name & phone:
Medical insurance company & policy #:
**Our programs do not include rescue or medical insurance.*

Level of fitness

- Good: Capable of climbing several consecutive flights of stairs, and walking four miles.
- Fair: Capable of performing the above tasks, but with a great deal of effort and rests.
- Very good to excellent: Capable of carrying a fifty-pound pack up hill, all day, with rests.
- Poor: Incapable of performing any of the above tasks.

Current conditioning/exercise program:

Please describe your relevant previous climbing, mountaineering, skiing, or other outdoor experience:

Do you have future goals or plans you are preparing for?

Medical History Questionnaire

Please check yes or no whether or not you have or have not had any of the following within the last three years. If you answer yes to any of the questions below, please elaborate in the space provided below.

Altitude related illness		Diagnosed mental illness	
Broken bones		Severe anxiety or depression	
Severe sprains		High blood pressure	
Shoulder or neck problem		Heart disease	
Back problem		Seizure disorder	
Foot or ankle problem		Asthma	
Leg or knee problem		Diabetes	
Arm or hand problem		Chronic headaches/migraines	
Intestinal problem		Shortness of breath	
Urinary tract problem		Chest pain	
Sensitivity to iodine		Hospitalization in the past year	
Heat or cold injury/intolerance		Do you smoke tobacco?	
Are you currently taking any prescription medications		Uncorrected vision or hearing impairment	
Allergies to food, insects, or any medications. If yes, please elaborate in detail below		Women only; are you currently pregnant?	
Do you have any other condition that could affect your performance during physical activity, including your ability to run, lift, climb or ski?			

If you answered yes to any of the previous questions, please elaborate:

Please read our reservation and cancellation policy:

Your reservation is secured with a 50% deposit received at least thirty days prior to the program or as soon as possible if there are less than thirty days before the program at the time you sign up. The balance is due twenty-one days prior to the start of the program or sixty days prior for international, custom, or corporate programs. We accept checks, Visa, or MasterCard.

You may cancel your dates for a full refund, minus a \$50 fee per person (\$500 per trip for international or corporate/institutional programs) up to 21 days before your reservation. Deposits are forfeited for cancellations, for any reason, less than 21 days before a reserved course. You are liable for the entire course fee for cancellations, for any reason, with less than seven days notice before the start of the program. We will try to work with you to reschedule your course with more than 21 days notice, if space is available. Schedule changes are subject to a \$50 fee per person and may not be possible. If conditions or circumstances preclude running a scheduled program we reserve the right to make the decision as to whether the program will be cancelled, rescheduled, or an alternative provided. In the rare circumstance where we need to cancel a program you can reschedule without a fee or receive a refund on your deposit. If circumstances arise that force us to cancel a program that is already in progress we reserve the right to decide whether a refund or credit, at a prorated rate, will be issued. We are not responsible for cancellation fees or costs arising from your changed or cancelled flights, lodging, or other arrangements. We recommend obtaining trip cancellation insurance from your travel agent.

Please sign below

The information I have provided on this form is true and accurate to the best of my knowledge. I have read the reservation and cancellation policy, understand it, and agree to its terms.

Participant Signature:

Date: