

A Call to Adventure Application Package

Dear Expedition Member:

We are very happy that you have decided to join your Call to Adventure. Please complete the attached documents. They will help us ensure that you have a great experience with us and your team. Contact details are below. Don't hesitate to give us a call with any questions.

Trip: _____

Date of Departure: _____

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Height: _____ Weight: _____

Phone: _____

Email: _____

Occupation: _____

Person to notify in case of an emergency:

Name/Relationship: _____

Phone number(s): _____

Email address: _____



Medical History and Bio:

Please answer the following questions by circling Yes or No. If Yes to any, please describe on a separate sheet.

Have you ever had any of the following?

Allergies Yes / No

High Blood Pressure Yes / No

Dislocations Yes / No

Frostbite Yes / No

Do you get cold easily? Yes / No

Shoulder, Back, or Knee problems Yes / No

Diabetes Yes / No

Are you pregnant? Yes / No

Asthma Yes / No

Epilepsy Yes / No

Heart Disease Yes / No

Cerebral or Pulmonary Edema Yes / No

Previous altitude problems Yes / No

Speech, vision, or hearing impairment Yes / No

Do you use tobacco? Yes / No If yes, describe frequency

Are you taking any medications Yes/ No (for what? dosage? use additional page if necessary)

Do you have any dietary restrictions? Yes / No

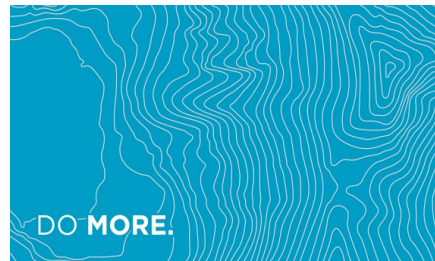
If so, please be specific

Do you have any pre-existing mental or physical conditions that might affect your performance?

If so, please be specific

List all mountaineering and pertinent experience:

Insurance Information:



My Health Insurance Carrier is:
Group Number:
Policy Number:

I have Purchased Travel Insurance for this Trip: Yes / No
If yes, Provider and policy number:

I have Purchased Trip Cancellation Insurance for this Trip: Yes / No
If yes, Provider and policy number:

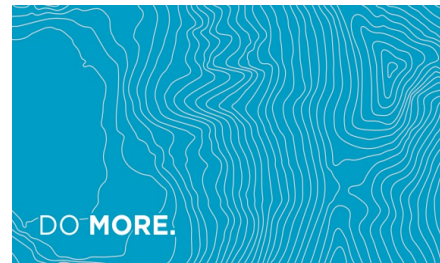
Personal and Travel Insurance

- A Call to Adventure (ACA) requires that all participants have their own health insurance. Individuals are solely responsible for any medical costs, including all associated rescue, evacuation, and transportation costs. Please make certain that your coverage extends to the location of your trip, and that it provides coverage for any potential, associated, costs.
- Travel insurance is highly recommended. In many cases, travel insurance will help cover medical expenses, evacuation costs, lost baggage, travel delays, and other costs in the event of cancellation of the trip. Several options are www.ihl.com or www.travelguard.com. Be aware that some travel policies do not cover climbing or high altitude activities. The American Alpine Club has high altitude rescue insurance available for AAC members.
For more info: www.americanalpineclub.org
- Also note that most travel insurance companies will expect you to purchase their policies within two weeks of putting your deposit down for your upcoming adventure. This is usually the case where you expect to be covered for any pre-existing condition.

Travel Planning

We recommend you contact Dana Welch at The Travel Society for assistance with your travel planning. We have worked with Dana for years; she is familiar with our exact itineraries and programs and handles airline bookings for most of our participants. You can reach Dana and her Travel Society staff at 303-563-6225 or by e-mail at: dana@thetravelsociety.com.

Cancellation and Refund Policy



- In most cases, trip deposits and program fee payments from Participants are non-refundable. ACA will, under exceptional circumstances, discuss the possibility of a deposit refund. However this will be only under dire circumstances.
- If you are required to forfeit your spot, your payments may be transferable. You will be given the opportunity to find an acceptable replacement in which case your deposit and fees would transfer to your replacement without penalty.
- If, for any reason, anyone leaves the trip before its completion, there will be no reimbursement of fees.
- Each individual expedition has a specific minimum participant number. ACA reserves the right to postpone, change, or cancel any trip due to not reaching the trip minimum number. ACA will alert you if the minimum number of participants has not been reached within 30 days of departure. Each participant will be given the option of rescheduling or will receive a full refund of all payments.
- Participant acknowledges that the Expedition plans are subject to change based on a number of factors, including but not limited to foreign governments, weather, terrain, currency fluctuations, or changes in costs. ACA has complete discretion to effect any change of plans to accommodate any of these or other factors, including but not limited to increases in Expedition fees, changes to the Expedition schedule or itinerary, and changes to any means of conveyance, when deemed necessary or advisable, without notice and without allowance of refund.
- Participant acknowledges that ACA reserves the right to cancel the Expedition at any time prior to departure.
- ACA reserves the right to dismiss any Participant or send any Participant down to lower altitude at any time if, in the sole judgment of ACA, it is in the best interest of that Participant or any other person.

Upon refund to Participant of Expedition fee payments, ACA shall be released from any further liability to Participant, including but not limited to liability for additional costs Participant may have incurred, pre-departure expenses, non-refundable advance purchase air tickets, visa fees, equipment purchases and medical expenses.



ACKNOWLEDGMENT OF RISK

You are giving up certain rights. PLEASE READ CAREFULLY.

ACKNOWLEDGEMENT OF RISKS

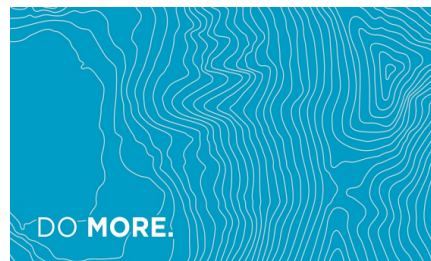
I recognize and acknowledge that there are risks in any activity associated with the outdoors. These risks include dangers not only associated with participation in outdoor activities, but include dangers associated with travel to and from the location of outdoor activities. By signing this Acknowledgement of Risk agreement, I am voluntarily subjecting myself to all dangers, risks and rigors involved or associated with the above trip and I am fully aware there are risks involved with this trip.

RISKS INVOLVED

I fully understand that there are many risks inherent in all outdoor activities, including the above trip, and that these risks can include, but are not limited to, death, injury, or illness as a result of the following: a fall; cold weather injuries which may include hypothermia, frostnip, and/or frostbite; heat related illnesses, which may include heat exhaustion and heat stroke; altitude related illnesses which may include, pulmonary edema, cerebral edema, and/or high altitude mountain sickness; an act of nature which may include lightning, avalanche, mudslide, earthquake, and rockfall; falling into a crevasse, crossing rivers, climbing or downclimbing rock, snow or ice-covered terrain, skiing, being on or near horses or mules; transportation by airplane, boat, bicycle, or vehicle; collisions with vehicles, pedestrians, bicycles, fixed objects, animals, road hazards of all types not necessarily marked; equipment failure, weather problems; epidemics, or other sicknesses; and political or social unrest. I have been informed of some of the possible risks, and their consequences involved in participation on the above trip and acknowledge, and assume responsibility for all risks and their consequences.

GIVING UP LEGAL RIGHTS

By signing this agreement I hereby agree to give up certain legal rights, which I may have in the event that I become ill, injured or die as a result of my participation on the above ACA trip. I am giving up my legal rights against ACA, its owners, guides, assistant guides, and associated agents and contractors or any of their relatives.



AGREEMENT TO WAIVE LEGAL ACTION

I hereby agree that I, my heirs, my personal or legal representatives, or any member of my family, including minors, will not make a claim against, or sue ACA, or any of its owners, guides, assistant guides, or associated agents or contractors, or any of their relatives, for death, injury, illness, or expense, occurring during or after the course of my participation (physical, emotional, psychological, leadership, or any other type of exercise or challenge) on this trip. I hereby release ACA, its owners, guides, assistant guides, and any associated agents or contractors from and against any and all legal liability arising out of or connected in any way with my participation on this ACA trip. All terms of this agreement shall be binding upon me, my relatives, heirs, and my personal or legal representatives.

CONSENT TO LEADERSHIP

I further agree that ACA shall have complete discretion to decide when, where, how, to what extent, and under what circumstances my rescue should be required.

CONSENT TO MEDICAL TREATMENT

Provided I am incapacitated or rendered incompetent due to illness or injury, and I am unable to make my own decisions, I consent to any emergency medical treatment or hospital care that may arise from participating in activities with ACA.

RESPONSIBILITY FOR EXPENSES

I accept full responsibility for any, and all expenses incurred, as a result of my injury, illness, or death, including all medical services and rescue costs, as well as my costs if I leave the trip for non-medical reasons.

AGREEMENT TO INFORM

I have informed ACA of any pre-existing medical conditions, and any, and all medications I will be taking on the trip.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless ACA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of APA's equipment or facilities, including any such claims which allege negligent acts or omissions of APA.



I certify and state that I am fully capable, physically and mentally, to participate on this ACA trip, and that I have been made aware and have had an opportunity to make myself aware of, the dangers, risks, and consequences involved in this trip, some of which are listed in this Acknowledgement of Risk agreement. I have carefully read this agreement and fully understand its contents and terms. I understand that this agreement shall be binding upon me, my relatives, heirs, and representatives, I understand that this agreement shall be effective and binding during the entire period of participation on my ACA trip including, but not limited to, travel to and from my place of residence.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against ACA on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

AGREEMENT

I, _____ (Participant print full name), of my own free will, for my family, minor children, spouse, dependent parents, my heirs and executors, assigns and myself, have had a full opportunity to review this document and I have read, understand and agree to the General Terms and Conditions contained herein. I have also read the other Forms in the ACA Application Package, ACA program materials and relevant website information (e.g. Fee Payment Schedule, Itinerary, Personal Equipment Checklist, Immunizations Checklist) and other documents, maps, accounts, and information pertinent to the program and I understand and agree to the information, terms and conditions contained therein. The above named forms are incorporated herein.

Participant's Signature: _____

Date: _____

If under 18, Parent must also sign:

Signature: _____ Date: _____

Parent please print full name:



Submission of Registration Form

The registration forms may be signed and returned to ACA by mail to the following address:

A Call to Adventure
3773 Cherry Creek Dr. #575
Denver, Colorado 80209

The registration and forms may also be electronically signed and returned to ACA as follows:

1. By faxing the completed and signed form to ACA at 303-416-8792.
2. By emailing the completed form to ACA as an attachment to an email. Our email address is: david@acalltoadventure.com. In that event, your typed signature will be legally binding.

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Important Details:

- **Registration for an ACA trip requires a minimum \$500 deposit fee.** You may include a check in your application package. Make checks payable to A Call to Adventure. You may also pay on our website: www.acalltoadventure.com. Please be aware that when submitting an online payment, you must add 3% to your total to cover Pay Pal fees.
- The balance of trip fees will be due **no later than** 6 weeks prior to the trip departure date.