

Alaska Mountaineering School, LLC

Policies and Hazard Awareness Agreement

It is important that you read and understand this document. It is not written to scare you, but rather inform you of the risks inherent to mountaineering. Please make a copy for your records.

Participant's Name: _____

Expedition: _____ Start Date/Year: _____

General Acknowledgement of Risk Inherent during Expedition

I, _____, hereby recognize and acknowledge that there are many risks inherent in any activity associated with the outdoors, including many aspects of this expedition. These risks include dangers, not only associated with participation in activities, but include dangers associated with aircraft and travel to and from the location of the activities. By signing this AMS Policies and Hazard Awareness Agreement, I am voluntarily and knowingly subjecting myself to all dangers, risks, and rigors involved or associated with the expedition listed above. By signing this form, I state that I have been informed of some, but not all the possible dangers, and some, but not all of their consequences. I acknowledge and assume responsibility for all risks and dangers and all of their consequences, whether or not foreseeable.

Nonexclusive List of Risks and Danger Inherent during this expedition

I, _____, fully understand that some of the many risks inherent in the expedition listed above include, but are not limited to: (1) a fall, which may result in serious injury, permanent disability or death; (2) cold weather injuries which may include hypothermia, frost nip and/or frostbite which can result in serious injury or death, including but not limited to, loss of limbs, digits, and/or permanent scarring, and/or permanent disability; (3) heat related illnesses, which may include heat exhaustion and heat stroke, both of which may result in serious injury, permanent disability or death; (4) altitude related illnesses, which may include acute mountain sickness, pulmonary edema, and/or cerebral edema, which may result in serious injury, permanent disability or death; (5) "an act of nature" which may include avalanche, rock fall, crevasse fall, high winds, severe cold, all of or any of which may result in serious injury, permanent disability, or death and/or (6) river crossings, or travel, that could result in serious injury, permanent disability or death; (7) risk associated with crossing, climbing, or down climbing rock, snow and/or ice, any or all of which may result in serious injury, permanent disability or death; (8) unavailability of skilled medical treatment and rescue.

I have had an opportunity to make myself aware of any and all consequences of these risks and dangers involved with this expedition and have done so to my complete satisfaction.

Statement of Mental and Physical Ability

I, _____, state that I have or will undergo the medical examination required of me by Alaska Mountaineering School, LLC and that I am mentally and physically prepared to participate in the expedition listed above. Further, I hereby state that I have carefully followed any training advice given to me by Alaska Mountaineering School, LLC in order to prepare adequately for this expedition.

If Rescue is Necessary

I, _____, hereby accept full responsibility, and agree to pay for, any and all expenses, necessarily incurred, if rescue shall become necessary. I further agree that Alaska Mountaineering School, LLC shall have complete and sole discretion to decide when, where, how, to what extent, and under what circumstances, my rescue should be required. I hereby agree and promise to pay for any and all costs necessarily incurred and reasonably related to my rescue.

Turning Back and Refund Policy

Alaska Mountaineering School, LLC reserves the right to refuse a person participation on any expedition if we find the person to be physically or mentally unprepared for the expedition.

During the expedition the guides reserve the right to require me to return to base camp or Talkeetna, if by the guides' judgment, for any reason, I am unfit to continue participating in an ongoing activity. If, for any reason, I leave the expedition before its completion there will be no reimbursement of fees. If the weather makes completing our objective impossible there will be no reimbursement of tuition. Alaska Mountaineering School, LLC is not responsible for any expenses incurred if the expedition should be delayed due to weather.

Tuition is due in full 90 days prior to any expedition. If the balance is not received at this time your position will be canceled and there will be no refund of your deposit. There will be no refund of tuition deposit or final payment for any reason. Alaska Mountaineering School, LLC suggests that you purchase trip cancellation insurance immediately after you pay your deposit.

I, _____ have read, understand, and accept the terms and conditions stated on the above turning back and no refund policy. I acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said activity(s).

Consent to Medical Treatment

I request that all reasonable efforts be made to contact the person listed on my application for contact in the event of an emergency. In the event that this person cannot be contacted through the exercise of reasonable efforts, I, _____, give Alaska Mountaineering School, LLC permission to make all necessary or advisable decisions for my safety and well being for the diagnosis and/or treatment of any injuries which may arise out of my participation in this expedition.

I consent to hospital, medical, or surgical diagnosis and/or treatment to be rendered necessary or advisable for my safety and well being for any injuries which may arise out of my participation in this expedition.

Statement of Understanding and Acknowledgement of Opportunity to ask Questions

I, _____, have carefully read this Policies and Hazard Awareness Agreement and I fully understand its contents. I have had a reasonable opportunity to ask any and all questions regarding all aspects of this expedition, including but not limited to, all risks and dangers listed above. All questions have been answered to my complete satisfaction. I understand that this Policies and Hazard Awareness Agreement shall be effective and binding upon me, during the entire period of my participation in the expedition listed above, including but not limited to, travel to and from my place of residence.

Therefore, I assume full responsibility for myself and for any serious injury, permanent disability, death, or loss of personal property which may occur during the expedition.

PARTICIPANT SIGNATURE: _____ DATE: _____

NAME PRINTED: _____ AGE: _____

LEGAL GUARDIAN: _____ DATE: _____

WITNESS: I, _____, HAVE WITNESSED THE SIGNING OF THIS ALASKA MOUNTAINEERING SCHOOL, LLC POLICIES AND HAZARD AWARENESS AGREEMENT

ON THIS _____ DAY OF _____, 20_____.