



Kilimanjaro Registration Form

Name: _____ E-Mail: _____

Trip Name: _____ Starting Date: _____

Safari Information: _____

Nationality: _____ Passport Number: _____

Mailing Address: _____

Phone: Home _____ Cell _____ Work _____

General state of health: _____

What are your expectations for this expedition? _____

Do you have future climbing objectives? _____

In Case of Emergency Notify: _____ Phone: _____

Address: _____

Medical Insurance Carrier (required): _____ Policy Number: _____

Travel Insurance Carrier: _____ Policy Number: _____

A \$500 deposit will reserve your space on a Kilimanjaro trip, with the balance due 90 days prior to trip departure. We accept personal or cashiers checks, most major credit cards, and wire transfers. **Amount enclosed:** \$ _____

How did you hear about Alaska Mountain Guides International? _____

Why did you choose AMGI? _____

Travel & Accommodations

Arrival City: _____ Arrival Date/Time: _____

Airline: _____ Flight Number: _____

Departure Date/Time: _____ Hotel Arrangements: _____

Be sure to review, complete, sign and return all forms and information contained in this Registration Form and associated documents, including: Trip Policies page including Conditions of Climbing Expeditions, Courses, and Treks; Medical Information page; Authorization for Emergency Costs and Submission of Registration Form page; Rental Equipment Form; Release, Acknowledgment of Risk and Indemnity Agreement.

Age

Gender

Height

Weight



Kilimanjaro Trip Policies

DEPOSITS: A \$500 deposit will reserve your space on a Kilimanjaro trip. Full payment is due 90 days prior to departure.

PAYMENTS: We accept personal checks, cashiers checks, money orders, and most major credit cards.

REFUNDS: In the event that you are unable to join us the following guidelines will apply. All deposits include a \$150 non-refundable registration fee. Full Refunds, less registration fee, will be provided 90 days prior to the trip date. 50% refunds will be provided 60-89 prior to trip date. The 50% retained by AMG can be credited towards another trip if used within 12 months. No refunds will be provided with 59 days of the trip date. This policy has been established to meet the demands of planning well-organized courses and trips. If for any reason a trip ends early there will be no refund. If you have not paid in full 90 days prior to your trips departure, and you have not contacted us regarding other payment options, we reserve the right to schedule another individual in your place. In this event, you are responsible for all associated costs.

RELEASE, ACKNOWLEDGMENT OF RISK AND INDEMNITY AGREEMENT: All participants are required to sign our Release, Acknowledgment of Risk and Indemnity Agreement. Please take time to read this form and make yourself familiar with it before signing. If the form is signed electronically, participants may be required to sign the form in person upon arrival for the activity, but nothing shall be deemed to affect the efficacy of the electronically completed and signed form.

MEDICAL INSURANCE: Individuals are solely responsible for any medical costs, including all associated rescue, evacuation, and transportation costs. Please take time to review your medical insurance policy. Make certain that your coverage extends to the location of your trip, and that it provides coverage for any potential, associated, costs. Many policies will provide coverage for travel abroad for a small additional fee.

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. We have worked with almost every provider of travel insurance and feel strongly that the Adventure Travel Protection Plan from AIG/ Travel Guard is the best one available. It is one of the only plans that covers high altitude climbing and has significant benefits if purchased within 15 days of making your trip deposit. Further information:
<http://mountainguidesinternational.com/insurance.html>

PARTICIPANT RESPONSIBILITY: Trip participants are responsible for their own well-being. This includes good health and strong physical condition. Participants joining a trek, course or mountaineering expedition may be required to obtain a physician's release prior to departure. Expedition members are responsible for: knowing all pre-departure information, preparing proper equipment and clothing, conforming to basic standards of personal hygiene (to minimize the risk of travelers diseases) and acting in a considerate manner toward all group members and with respect for each country's customs. Participants are prohibited from using illegal drugs and alcohol while on AMGI courses and climbs. Participant gives their consent for AMGI to use their photograph, likeness and/or voice to be used in its publications, including its website. Participant's responsibilities further include the following: (1) they are responsible for reviewing the various forms, releases, and information contained in the web site and forms; (2) they will follow the instructions and directions of guides and expedition leaders.

CONDITIONS OF CLIMBING EXPEDITIONS, COURSES AND TREKS:

We are committed to helping climbers achieve their personal goals safely and enjoyably.

1. Alaska Mountain Guides International, Inc., its owners, agents, employees, officers, directors, associates, affiliated companies and subcontractors (herein after collectively referred to as "AMGI"), hereby give notice that they are wholly independent of any hotels, transportation companies, land operators and suppliers of travel or other services (other than those provided directly by AMGI and its employees) that may be used in connection with the trip or expedition.

In Alaska and the worlds great ranges!



Alaska Mountain Guides International Inc.



AMGI assumes no responsibility or liability in connection with the operation or service of any aircraft, motor vehicle, other conveyance, inn, lodge, hotel or services provided by any independent contractor or service provider which may be used wholly, or in part, for services to Alaska Mountain Guides International, Inc. and its clients, and will not be responsible for any act, error, omission, nor for any injury, loss accident, delay, inconvenience, irregularity or damage which may be occasioned in conjunction with any such services. This includes acts of nature, civil disturbance, government restrictions or failure of any means of conveyance to adhere to published schedule.

2. AMGI reserves the right to change the price of, cancel or withdraw any trek, course or expedition for any reason whatsoever prior to departure. After departure, AMGI reserves the right to alter or omit any part of the itinerary, to substitute hotels or leaders, to change any means of conveyance without notice and without allowance of refund, with liability for increased costs (if any) borne by the trek, course or expedition members. AMGI reserves the right to accept or reject any person as a trek, course or expedition member at any time.

3. I understand, and am aware, that during the trek, climb, course or expedition in which I am currently participating, or will participate in, under the arrangements of AMGI, certain risks and dangers may arise including, but not limited to: altitude; steep or treacherous terrain; inclement weather; avalanches, rock fall and other natural occurrences; misuse, failure or loss of equipment; shortage of food or water supply; animal attacks; the hazards of traveling in politically unstable areas; the dangers of civil disturbances and war; the forces of nature; acts or omissions of AMGI; travel by boat, automobile, train, ship, aircraft or other means of conveyance; and accident or illness in remote places without access to medical facilities, transportation, or means of rapid evacuation and assistance.

I certify that I am familiar with the dangers, hazards and risks incident to trekking and mountain climbing expeditions/courses as listed above. And I accept and clearly understand that these hazards and risks may result in personal injuries to me and others, including paralysis and death, and hereby expressly assume all of the above risks including, the risks of acts or omissions of AMGI, and do hereby expressly agree to hold AMGI harmless and defend them against any and all liability.

In consideration of the services furnished me, and to be furnished me as a member of this trek, course and/or mountaineering expedition, I hereby release AMGI and all the members of the trek, course and/or mountaineering expedition from any and all damages, injuries, losses, or any cause of action which may result to me, my legal representatives or others purporting to exercise statutory or other rights arising out of, or in connection with this expedition. And I hereby assume each and every damage incident to my participation, and agree to indemnify and hold harmless AMGI and all members of the trek, course and/or expedition against any sums which they or any of them may be subject to pay in consequence of any claim

I agree to all TERMS AND CONDITIONS as stated above.

Signature of Participant: _____ Date: _____

Name of Participant: _____

Name & Date of Trip: _____

Parent or Guardian's Additional Indemnification

(Must be completed for participants under the age of 18)

In consideration of _____ (print minors name) ("Minor") being permitted by AMGII to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless AMGII from any and all Claims which are brought by, in respect to or on behalf of Minor, and which are in any way connected with such use or participation by Minor. I hereby certify that I have the authority to sign on behalf of the minor, and that I and the minor have discussed the activity and the terms and conditions of this trip policies form.

Parent or Guardian: _____ Print Name: _____ Date: _____

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Medical Information

Please answer each question, providing detailed information on dates and type of medical treatment. Please attach a separate sheet if necessary. Your signature on this form certifies that your statements below are true.

1. Have you ever had frostbite or any related cold weather injury/illness? No Yes. Please describe:
2. Have you ever experienced any form of altitude illness? If so, please describe rate-of-ascent, altitude, medication and recovery procedures. No Yes. Please describe:
3. List any major accidents, illnesses or operations you have had.
4. List any/all physical/mental limitations or medical conditions that may restrict your ability to climb Kilimanjaro.
5. Do you have back or knee problems? No Yes. Please describe:
6. List any/all medications you will be taking on this trip and why:
7. List any/all allergies to food and/or medication:
8. Dietary restrictions (specify): None Vegetarian Other
9. Do you wear corrective lenses? No Yes
10. Do you smoke? No Yes
11. Are you familiar with standard first-aid and current CPR techniques? No Yes

Fitness / Climbing Bio

Please let us know what you do to keep fit and any/all mountaineering and other outdoor experience you may have. This information is very useful, as we strive to cater each trip to match individual expectations. Signing this form indicates that you understand and comply with the physical fitness requirements for your program.

Weekly fitness routine:

How will you modify your training regimen to prepare for this trip? (If applicable)

Please list any/all mountaineering and other outdoor experience you may have. Attach additional sheet if necessary.

Signature of Participant: _____ **Date:** _____

Name of Participant: _____

Name & Date of Trip: _____



Authorization for Emergency Costs

In the event that you leave a trip early for any reason you are responsible for all associated costs and expenses. This includes but is not limited to transportation by: car, truck, boat, plane, and/or, helicopter; medical emergencies; evacuation; and hotels and meals for yourself and any AMG employee that may accompany you during an evacuation.

Travel insurance is highly recommended for all AMGI trips. For more information please refer to the trip policies section of this registration form or visit <http://www.mountainguidesinternational.com/insurance.html>.

I the participant, recognize that I am responsible for any costs associated with leaving a trip / course early for any reason. This includes but is not limited to transportation, hotels, and meals for yourself and any AMG employee that may accompany you during an evacuation. I understand that travel insurance is highly recommended for all AMGI trips. In the event that my personal or travel insurance does not cover a rescue, evacuation and all related costs, I hereby authorize Alaska Mountain Guides to: *(please check one of the options below)*

- use my credit card on file to cover any and all related costs and expenses.
- use a credit card that I will provide over the phone to cover any and all related costs and expenses.
(Credit card information must be submitted before the trip start date.)

Signature of Participant: _____ **Date:** _____

Submission of Registration Form

The registration forms may be signed and returned to AMGI by mail or similar means to the following address:
October-April: **P.O. Box 8011, Alta, UT, 84092**; April-October: **P.O. Box 1081, Haines, AK, 99827**

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

1. By faxing the completed and signed form to AMGI at **801.742.9758** (winter) or **907.766.3393** (summer).
2. By emailing the completed form as an attachment to an email to AMGI at info@alaskamountainguides.com. In that event, the typing in of names shall constitute the acceptance and electronic signature.

By completing and returning the registration forms, the undersigned hereby consent, represent and agree as follows:

1. That participant(s) have read and understand the documents and agree to the terms and conditions thereof.
2. That participant(s) agree to have the transaction and documents related thereto handled through electronic means, and that their completion and return of the documents constitute their electronic signature, consent and agreement.
3. That all information provided by participant(s) is true, complete and accurate to the best of participant(s) information, knowledge and belief.
4. That participant(s) agree to the preservation of the transaction and documents through electronic means, and stipulate and agree that a copy of any of the documents is as good as the original for all purposes. Information as to the retrieval of copies of records may be obtained by calling or corresponding with AMGI.

Signature of Participant: _____ **Date:** _____

Name of Participant: _____

Name & Date of Trip: _____

Parent or Guardian's Additional Indemnification

(Must be completed for participants under the age of 18)

In consideration of _____ (print minors name) ("Minor") being permitted by AMGII to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless AMGII from any and all Claims which are brought by, in respect to or on behalf of Minor, and which are in any way connected with such use or participation by Minor. I hereby certify that I have the authority to sign on behalf of the minor, and that I and the minor have discussed the activity and the terms and conditions of this form.

Parent or Guardian: _____ **Print Name:** _____ **Date:** _____



Health Form

Participant's Name _____

Trip or Course Name _____

Trip or Course Date _____

() _____
Daytime or Temporary Phone (circle one)

() _____
Permanent/Cell Phone

Gender _____

Age _____

Previous Experience with AMGI _____

AMGI Expedition Participant Health & Medical Form.

This form is to be completed by a Physician, F.N.P. or P.A.

Please read and fill out pages 1-6. Physical examination information must be completed less than a year before the starting date of the AMGI expedition. (Please type or print legibly)

Alaska Mountain Guides International (AMGI) trips are wilderness expeditions ranging in length from a few days to three months. AMGI expeditions operate in remote areas where evacuation to modern medical facilities may take days.

Weather conditions can be extreme with ambient temperatures ranging from -40 F to +100 F, prolonged storms, high winds, high altitude, intense sunlight, and sudden immersion in cold water being possible.

Physical demands on the participant may include carrying a backpack weighing between 45-85 pounds over uneven terrain such as snow, rocks, boulders, fallen logs, or slippery surfaces as well as ascending and descending steep mountain slopes. Elevations on climbing trips can reach more than 22,500 ft.

While participating on an AMGI expedition, participants will sleep outdoors and experience long physically demanding days.

AMGI disinfects all wilderness water with iodine, chlorine, chlorine dioxide, Miox pen, UV pen, or by boiling. Not all of these methods are effective against cryptosporidium. Individuals with a compromised immune system may wish to obtain an additional appropriate water filter for their course.

In the interest of the personal safety of both the participant and the other expedition members, please consider the questions carefully when completing the health form. A "Yes" answer does not automatically cancel a participant's enrollment. If we have any questions on the participant's capacity to successfully complete the trip we will call the individual to discuss it.

Physician, F.N.P. or P.A.:

Please check YES or NO for each item. Each question must be answered and please provide date and details for all "yes" answers.

General Medical History

1. Respiratory problems? Asthma?	YES	NO
Is the asthma well controlled with an inhaler?	YES	NO

If so, please have the student bring inhaler(s) with them for their course.

What triggers an attack? Last episode? Ever hospitalized?



- 2. Gastrointestinal disturbances? YES NO
- 3. Diabetes? YES NO

Examiner's specific comments:

- 4. Bleeding, DVT (deep vein thrombosis) or blood disorders? YES NO
- 5. Hepatitis or other liver disease? YES NO

Examiner's specific comments:

- 6. Neurological problems? Epilepsy? YES NO
- 7. Seizures? YES NO
- 8. Dizziness or fainting episodes? YES NO
- 9. Migraines? Medications, frequency, are they debilitating? YES NO
- 6-9. Describe frequency, date of last episode, and severity. ?

- 10. Disorders of the urinary or reproductive tract? YES NO
- 11. Any disease? YES NO
- 12. Does this person see a medical or physical specialist of any kind? YES NO

IF "yes" please specify the issue(s) and provide name/address of specialist.

Questions 13 and 14 are for Female Participant Only:

- 13. Treatment or medication for menstrual cramps? YES NO
- 14. Is she pregnant? YES NO

Examiner's specific comments:?

- 15. Hypertension? YES NO



16. Cardiac problems? Unexplained chest pain?

YES NO

Examiner's specific comments:

Cardiac Screening:

A stress ECG is required if the participant is:	Cardiac Risk Factors
1. Over 35 years old and has 2 cardiac risk factors. 2. Over 50 years old and has 1 cardiac risk factor. 3. Over 50 years old and leads a sedentary lifestyle. 4. Any age with a known heart condition. Please provide a written note from your doctor stating the date of the stress ECG and the results	<ul style="list-style-type: none"> • High blood pressure • Diabetes • Current or prior cardiovascular disease • High blood cholesterol • Family history of heart disease (family member who's had a heart attack at less than 55 years of age.) • Smoking

The stress ECG requirement may be waived for participants who are over 50 years of age with no cardiac risk factors and who are in good physical condition. **Their physician must note that the participant has a) no cardiac risk factors and b) excellent cardiac health on page 6 of this form.**

Muscle/Skeletal Injuries/Fractures

Does the participant currently have or does he/she have a history within the past 3 years of:

17. Knee, hip or ankle injuries (including sprains) and/or surgery?

YES NO

Type of injury or surgery? When did the injury or surgery occur?

Is there full ROM? Full Strength?

YES NO

What is the most rigorous activity participated in since the injury/surgery. Results?

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level)

18. Shoulder, knee, arm, or back injuries (including sprains) and/or surgery?

YES NO

Type of injury or surgery? When did the injury or surgery occur?



Is there full ROM? Full Strength?

YES NO

What is the most rigorous activity participated in since the injury/surgery.
Results? _____

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level): _____

19. Any other joint problems?

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level): _____

20. Head Injury? Loss of consciousness? For how long?

YES NO

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level): _____

Allergies

21. Is he/she allergic to any foods?

YES NO

Describe: _____

22. Are there any dietary restrictions? Please specify

vegetarian vegan other

YES NO

23. Allergic to insect bites or bee stings?

YES NO

If appropriate please bring 2-3 Epi Pens or Twinjects.

Examiner's specific comments: _____

24. Any other allergies?

YES NO

Examiners Specific comments: _____

25. Water may be disinfected with iodine. Is iodine contraindicated?

YES NO

Medications

26. Is he/she allergic to any medications?

YES NO

If yes, please list: _____



27. Does this person plan to take any prescription or non-prescription medications on the course?
YES NO

AMGI courses travel in remote areas where access to medical care may be one or more days away. The participant must understand the use of any prescription medications they may be taking.

Medication	Dosage	Side Effects/Restrictions	Prescribed by?	For What Conditions?

If Medication Or Condition Changes Prior To Course Start Participant Should Inform AMGI.

Cold, Heat, Altitude

28.
 History of frostbite or Raynaud’s Syndrome? YES NO
 29. History of acute mountain sickness, high altitude pulmonary/cerebral edema? YES NO
 When did the illness occur? _____

30. History of heat stroke or other heat related illness? YES NO
 Examiner’s specific comments: _____

Does The Participant Wear Corrective Lenses? YES NO

Fitness (please provide details concerning the participants exercise regime)

Does the participant currently have a history of:	YES	NO
Chronic Lung Disease	YES	NO
Congenital Absence of a Pulmonary Artery	YES	NO
Cyanotic Congenital Heart Disease	YES	NO
Previous Stroke or Pulmonary Embolus	YES	NO
Heart Failure	YES	NO
Severe Angina	YES	NO
Anemia	YES	NO
Sickle Cell Disease	YES	NO

Please suggest any recommended/required immunizations for the participants trip or course:

