

CRYSTAL MOUNTAIN TREKS RESERVATION FORM

TRIP INFORMATION:

Trip Name: _____ Start Date: _____ (mm/dd/yyyy)

Extensions: _____ Start Date: _____ (mm/dd/yyyy)

I am sharing a room with: _____

I would like a Single Room: Yes (extra charge) I am willing to share a room. (We will make every effort to place single travelers with same-sex roommates. However, if we are unable to, you will be assessed a single supplement charge)

PARTICIPANT INFORMATION: (Please include a color copy of your passport)

Full Name as in passport: _____

Phone: _____

Special Dietary Requirements: _____

Do you have a pre-existing Medical condition: Yes No

If YES, please provide details: _____

EMERGENCY CONTACT DETAILS:

Name of Emergency Contact: _____

Address: _____

Email Address: _____ Phone: _____

HEALTH AND FITNESS FORM

To be filled only if you are participating in a HIMALAYAN TREK:

Height: _____ (in feet) Weight: _____ (in pounds) Sex: _____

Please share your previous hiking, backpacking, and camping experiences:

What is the highest elevation you have reached and where?

Sickness or Injuries in the last 12 months:

Any other health related or pre-existing

conditions?: _____

(For certain pre-existing conditions, for participation, we may require a clearance from your doctor.)

Allergies? _____

Any foods you cannot

eat?: _____

CRYSTAL MOUNTAIN TREKS TERMS AND CONDITIONS

WAIVER AND RELEASE

I have registered to participate on a tour with Crystal Mountain Treks. I am familiar with the itinerary for the trip. I understand it is imperative that I relate the information as to my own physical ability and capacity, especially as to any medical condition(s) that may affect in any way my ability to meet the mental and physical requirements of the trip. It is my responsibility to inform Crystal Mountain Treks about any such medical condition(s) or any limitation(s) on my physical abilities at the time of signing this Release From Liability. By signing this Release From Liability, I represent that I have no mental or physical condition(s) which would preclude me from full participation on this trip, or which would interfere with the other participants' ability to fully participate on this trip.

By signing this Release From Liability, I waive any right I may have to hold Crystal Mountain Treks, its officers, trustees, principals, employees, independent contractors, volunteers, guides, representatives and/or agents, liable for any injury or loss suffered by me during the trip. This means that by signing this Release From Liability, I give up the right to make demand upon Crystal Mountain Treks for payment of any damages suffered by me during the trip, whether such damages are caused by physical injury, loss of property, acts of a third party or any other cause whatsoever. I intend this waiver and release to be binding on my estate and my heirs, as well as my successors and assigns and those who may be responsible to pay for my losses or damages. I do not waive any rights against or release other entities, such as common carriers, charter carriers, hotels, or event providers, for their negligence.

By signing this Release From Liability, I verify that I have read this Release Form Liability, any enclosed documents provided to me relating to the trip, and that I understand them, and that I freely and voluntarily agree to all of the conditions listed herein.

Print Name

Signature

Date