

TRIP APPLICATION

Trip name: _____

Your name in full: _____
PRINT, as it appears on your passport

Your name as you'd like it to appear on the trip roster: _____

Home address: _____
street address

_____ city state zip code country

_____ E-mail

_____ mobile phone other phone

Passport, country and number: _____

Date of issue: _____ month day year Place of issue: _____

Date of expiration: _____ month day year Birth date: _____ month day year

In case of emergency please notify: _____
name in full

_____ E-mail address

_____ mobile phone other phone

Accommodation: I will be sharing with: _____

We prefer: Double bed Twin beds

Please assign me a roommate if one is available (*NOTE: Unfortunately there is a single supplement fee if a roommate is not available.*)

I prefer a single room

I am smoker I am a non-smoker

Pre Trip Extension (if offered): I will be attending I will not be attending

Post Trip Extension (if offered): I will be attending I will not be attending

Important arrival & departure information. *Once arranged kindly send a copy of your plane ticket to Jock via Email.*

Where did you learn about this tour? _____

Briefly describe your outdoor and travel experience: _____

TRIP POLICY AND ACKNOWLEDGEMENT OF AND ASSUMPTION OF RISKS

You are giving up certain rights. **Please read carefully, initial where indicated, sign and date at the bottom of page two.**

TRIP POLICY Compass Rose Expeditions (herewith CRE), reserves the right to refuse a person participation on any trip if we find that person to be mentally unprepared for the trip. During the trip the Lead Guide reserves the right to require a person to return to base camp or to abandon the trip, if by their judgment, for any reason, a person is unfit to continue participating in an ongoing activity. If, for any reason, anyone leaves the trip before its completion, for whatever reason, there will be no reimbursement of fees. If the weather, or other factor(s), makes completing our objective impossible, there will be no reimbursement of fees. In the case of the participants need for a rescue, or the participant leaves the trip before its completion, for whatever reason, the participant is responsible for any expenses incurred. CRE is not responsible for any expenses incurred if the trip should be delayed due to weather, strikes, theft, acts of nature, civil disturbances, terrorism, acts of war, government restrictions or regulations, failure of any form of transportation to arrive or depart as scheduled, or discrepancies over which CRE has no control. CRE is not responsible for the terms and conditions of any airline tickets. CRE is not responsible for lost, stolen, or damaged baggage or equipment, or any expenses incurred in the event of such loss or damage.

Please initial _____

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 and Assumption of Risks 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.

Please initial _____

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 rock fall; falling into a crevasse, crossing rivers, climbing or down climbing rock, snow or ice-covered terrain, skiing, being on or near horses or mules; transportation on 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.

Please initial _____

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 CRE trip. I am giving up my legal rights against CRE, its owners, guides, assistant guides, and associated agents and contractors or any of their relatives.

Please initial _____

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 CRE, 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 on this trip. I hereby release CRE, 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 CRE trip. All terms of this agreement shall be binding upon me, my relatives, heirs, and my personal or legal representatives.

Please initial _____

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

Please initial _____

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 CRE.

Please initial _____

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.

Please initial _____

AGREEMENT TO INFORM I have filled out the attached "confidential medical questionnaire," (on pages 4 and 5), and I am therefore informing CRE of any preexisting medical conditions and any medications I will be taking on the trip.

Please initial _____

PHYSICALLY AND MENTALLY CAPABLE I certify and state that I am fully capable, physically and mentally, to participate on this CRE 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 and Assumption of Risks agreement. I have carefully read this agreement and fully understand its contents and terms.

Please initial _____

FORCE MAJEURE *Force Majeure* means any event which CRE could not, even with all due care, foresee or avoid. Force Majeure covers events such as war or the threat of war, riot, civil strife, terrorist activity, industrial disputes, disease, industrial or nuclear disaster, adverse weather conditions, fire and any other similar events which are beyond our control. In the case of Force Majeure, CRE will not accept liability, and reserves the right to change and cancel trips at our discretion.

Please initial _____

BINDING AGREEMENT 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 CRE trip including, but not limited to, travel to and from my place of residence. This Agreement and any right, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the country in which the trip takes place and no other jurisdiction; and any litigation involving the parties to this Agreement shall be brought solely within said country and shall be within the exclusive jurisdiction of the courts of said country.

Please initial _____

NAME OF PARTICIPANT (print): _____

I have read, understand, and accept the terms and conditions stated on the CRE POLICY ABOVE and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said activity(s).

SIGNATURE: _____ **DATE:** _____

For two trip members, please fill out two applications. You cannot participate on a Compass Rose Expeditions trip unless we have a signed application. Please make sure you have filled out the entire application above and the health from below.

Kindly return this document via E-mail it to jock@jockmontgomery.com

Thank you!

A handwritten signature in black ink that reads "Jock Montgomery".

Jock Montgomery

CONFIDENTIAL MEDICAL QUESTIONNAIRE

The trip leader and/or trip doctor will use this questionnaire in the field. Please fill it out carefully and completely and give as much detailed information as possible. All medical information will be kept strictly confidential. **If you have any uncertainty in filling out this form it is time for a physical! In this case have your physician fill this form out for you.**

Participants' name: _____
(in caps)

Date of last physical: _____ **If you have not gotten a physical exam in the last 2 years you must get one before you join this trip. In this case have your physician fill this form out for you.**

Participants' regular medical insurance and/or additional travelers' medical insurance plan and number:

Doctor's name, address, phone and fax number:

****IF YES DESCRIBE IN DETAIL, USE ADITIONAL PAPER IF NECESSARY.****

YES NO

___ ___ 1. Do you have any existing medical problems?

___ ___ 2. Do you have any known allergies to drugs, food, insect bites or other? If "yes" describe what kind, the severity of the reaction and if you carry an anaphylactic shock kit.

___ ___ 3. Are you taking any medications regularly (prescription or non-prescription)? Which ones and why?

___ ___ 4. Do you have any of the following? Please circle and if "yes" explain in detail.

Epilepsy

Heart disease

Hepatitis or Jaundice

Altitude Illness

Diabetes

Lung Disease

Frostbite

Asthma

High Blood Pressure

Intestinal Problems

Continued on the next page...

YES NO

___ ___ 5. Do you have any history of joint injury such as tendonitis, bursitis, sprain, dislocation, back injury or any others? Please describe and specify which joints.

___ ___ 6. Do you have any psychological limitations, which in your opinion may affect your ability to participate fully in the trip? Please explain.

___ ___ 7. Have you been under a doctor's care in the last five years? Please explain.

___ ___ 8. Are you a vegetarian a/o are there any particular foods you do not eat that we should be aware of? Please specify.

I hereby certify to Compass Rose Expeditions (CRE), that I take full responsibility for my medical, psychological and physical condition during my travels with CRE. I am unaware of any medical problems that would in any way impair my ability to make this trip and take full responsibility for the provision of medical care and I take full financial responsibility for having adequate medical coverage.

If there are any changes in my medical condition before or during the course of the trip I will promptly notify the trip leader.

Applicant's Signature: _____ Date: _____
(or signature of parent if under age 18)

If filled out by your physician, physician's signature: _____