



International Mountain Climbing School, Inc.
 PO Box 1666 • North Conway, NH 03860
 Phone: (603) 356-7064 • Fax (603) 356-6492
 E-mail: guides@ime-usa.com
 website: www.ime-usa.com



International Trip Application Form

Please read carefully and fill out completely the liability release, confidential medical form and this application. Sign them and mail them back to us with a \$700 deposit payable to IMCS.

Name of Trip: _____ Date of Trip: _____

Name: _____ Age: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Phone (home): _____ Phone (work): _____

Gender: _____ Height: _____ Weight: _____ Occupation: _____

Birthdate: _____ Birthplace: _____ Citizenship: _____

Name as it appears on your passport: _____

Passport Number: _____ Country of Issue: _____

Do you currently have a health insurance policy? Yes _____ No _____

Name of company and policy number: _____

Person to notify in case of an emergency: _____

Relationship: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Phone (home): _____ Phone (work): _____

Do you have any medical conditions we should be aware of: Yes _____ No _____

If yes, please explain: _____

Please describe your outdoor experience. Include a list of your hiking, climbing and mountaineering accomplishments, both guided and unguided, including names of guides and schools with whom you have climbed (be specific). Use additional page if necessary: _____

How did you learn about IMCS? _____

Acknowledgement:

- (1) I have read the participant agreement, release and acknowledgement of risk, and understand its terms in full, especially cancellations, refunds and responsibility.
- (2) I understand that exhibiting misconduct, acting in an unsafe manner, use of illegal/recreational drugs or excessive use of alcohol during the trip, may result in my removal from the trip, and the forfeiture of payment.

Signature of Participant: _____ Date: _____



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Flight Travel and Trip Payment Information

Air Transportation: We strongly suggest that International Mountain Climbing School prepares your airline tickets, including air travel within, to and from the United States (unless you are working with a travel agent or have specific reasons for doing otherwise). This will allow us to secure the best possible fares, keep the group together, and facilitate ground transportation upon arrival.

I would like International Mountain Climbing School to make air reservations:

and purchase my departure tickets from:

Airport: _____ City: _____ State: _____

and my return tickets to

Airport: _____ City: _____ State: _____

Airline preference (if available): _____ Frequent Flier #: _____

I will make my own reservations and purchase my own tickets Yes _____ No _____

If yes, please send us your complete airline itinerary.

I would like to take a supplemental trip and/or extend my visit to the country. Yes _____ No _____

If yes, for how long would you like to extend your trip? _____

I will be stopping over in another area before returning home. Yes _____ No _____

If yes, please give details: _____

I would like to pay for the airline ticket with:

Credit Card (recommended): _____ Check: _____ Other: _____

I would like to pay for the deposit and/or trip with:

Credit Card: _____ Check (appreciated): _____ Other: _____

I am enclosing a check or money order for:

\$700 deposit: _____ Final Payment of \$ _____ Another Amount: _____

Please charge to my: (circle one) AMEX / VISA / MasterCard

\$700 deposit: _____ Final Payment of \$ _____ Another Amount: _____

Credit Card #: _____ Name on Card: _____

Exp. Date: _____ Signature: _____

Credit Card Billing Address (if different from trip application) _____

CANCELLATION: If you cancel your trip, the following charges may apply: non refundable cancellation charge of \$250; cancellation 31-59 days prior to the trip departure, 25% of total land cost; cancellation 15-30 days prior to the trip departure 50 % of total land cost; cancellation made 14 days or less prior to departure, no refund. Some airfares have cancellation or change penalties. You will be charged for those penalties if applicable. (For more details concerning cancellation information please call Maury McKinney or Brad White in the IMCS office).



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Confidential Medical Form

Name of Trip: _____ Date of Trip: _____

Name: _____ Age: _____

PART ONE (To be completed by participant)

International Mountain Climbing School trips take place in remote and less-developed regions, without means of rapid evacuation, ore medical supplies and facilities. In the event of an accident, illness or injury an evacuation will be slow and uncertain as these trips take place in mountainous, high altitude, or other hazardous terrain. Common and uncommon signs and symptoms of altitude sickness should be expected. These include, but are not limited to: sleeplessness, coughing, loss of appetite, nausea, vomiting, and muscle cramps. Severe cases of altitude sickness can include pulmonary and/or cerebral edema. In addition, exposure to microorganisms unknown to our digestive system may cause symptoms from a wide array of gastrointestinal disorders despite the best efforts to treat drinking water and prepare food properly.

A poor state of health can greatly increase the dangers and risks that an be incurred on these trips. Therefore, International Mountain Climbing School requires that all climbers and/or trekkers are examined by a physician, are properly immunized for the destination(s), and provide the following information.

Name of your insurance company _____

Address: _____ City: _____ State: _____ Zip: _____

Policy and/or Certification number: _____ Phone: _____

We suggest you check your policy to make sure that it will cover you while traveling abroad. All participants currently taking medication, having pre-existing medical conditions, recurrent injuries, or recent surgeries must make them known to us so we may provide the safest and most enjoyable experience possible.

Do you have any medical conditions of which we should be aware? Yes _____ No _____

If yes, please explain: _____

Do you have any dietary restrictions and/or preferences? Yes _____ No _____

If yes, please explain: _____

(Continued on next page)



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Confidential Medical Form

PART TWO (To be completed by a physician)

Please read carefully PART ONE of this form, and complete the following as it pertains to the person who is making application for this International Mountain Climbing School climbing trip. Please provide this person with a thorough medical examination. Emphasis should be on the cardiovascular and respiratory systems. This person will be expected to engage in strenuous activities, climb at a slow, steady pace for many hours a day, function for many days, and possibly weeks at altitude, and in extreme conditions of cold and wind. These factors should be taken into account in your evaluation. If you have any questions about the rigors entailed in the high-altitude experience, please feel free to contact International Mountain Climbing School.

Our trip will be to a wilderness area, out of the easy reach of standard medical help. Please report any problems that may limit physical performance e.g. (musculoskeletal constraints, cardiovascular restrictions, respiratory system conditions, gastrointestinal disorders, hernias, past surgery, and/or injuries, allergies, medications, etc.

Do you find the participant whose name is listed on the reverse side of this form to be in sufficient health and fitness in order to undertake this expedition?

Yes _____ No _____

If no, please explain: _____

Physician's name: _____

Address: _____

Signature: _____ Date: _____

We strongly recommend that you follow the Center for Disease Control (CDC) recommendations and consult with you physician about the advisability of vaccinations for the intended country. IMCS will provide you with current recommendations from the CDC, and will notate whether or not the expedition will be traveling through areas exposed to yellow fever, malaria, cholera and other diseases that may be characteristic to each region. You may obtain information directly from the CDC at: (404) 332-4555, or www.cdc.gov/travel



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Participant Agreement, Release and Assumption of Risk

(Please Print Legibly)

Name: _____ Date: _____

If under 18, Name of Guardian: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

In consideration of the services of International Mountain Climbing School, Inc., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "IMCS"), I hereby agree to release, indemnify, and discharge IMCS, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that rock climbing, ice climbing and alpine mountaineering entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: the hazards of walking on uneven terrain and slips and falls; being struck by rockfall, icefall, or other objects dislodged or thrown from above; the risk of injuries caused by other climbers; the use of climbing ropes and equipment; the forces of nature, including lightening, weather changes, and avalanche; the risks of falling off the rock, mountain, or into a crevasse; the risks of exposure to insect bites; the risk of altitude and cold including hypothermia, frostbite, acute mountain sickness, cerebral and pulmonary edema; my own physical condition, and the physical exertion associated with this activity.

Furthermore, IMCS employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risk existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless IMCS from any and all claims, demands, or causes of actions, which are in any way connected with my participation in this activity or my use of IMCS's equipment or facilities, **including any such claims which allege negligent acts of omissions of IMCS.**
4. Should IMCS or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against IMCS, I agree to do so solely in the state of New Hampshire, and I further agree that the substantive law of New Hampshire shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

