

P.O. Box 658 Ophir, CO 81426  
T. 866-886-8747 F. +1-303-496-0998

Info@mountaintrip.com  
www.mountaintrip.com



*The view's better up here...*

## CARSTENSZ EXPEDITION APPLICATION

EXPEDITION: \_\_\_\_\_ EXPEDITION DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ AGE: \_\_\_\_\_ HT. \_\_\_\_\_ WT. \_\_\_\_\_

PHONE: DAY \_\_\_\_\_ EVENING \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

### PASSPORT INFORMATION

Passport number: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Place of Issue: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Where did you hear about Mountain Trip? \_\_\_\_\_

Have you climbed with us before?      Y      N  
If yes, please describe where, when and with whom?

Please include the following to complete your application:

- |                                                    |                                                   |
|----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Signed Terms & Conditions | <input type="checkbox"/> Medical Information Form |
| <input type="checkbox"/> Expedition deposit        | <input type="checkbox"/> Signed Release Form      |

Upon receipt of deposit we will send you written confirmation of acceptance and all forms and information for your Expedition. Please refer to our website or call for deposit amounts for your particular expedition. Thank you.

# EXPEDITION APPLICATION



## OUTDOOR EXPERIENCE:

Have you done any of the following:

Rappelled (abseiled)? \_\_\_      Used an Ascender? \_\_\_  
Carried a heavy pack? \_\_\_      Rock climbed? \_\_\_  
Snow Climbed? \_\_\_      Belayed? \_\_\_

Please elaborate on any of the above activities:

## CLIMBING EXPERIENCE:

Please indicate any experience you may have that has helped prepare you for your intended expedition.

What are your long-term climbing goals?

## PHYSICAL FITNESS:

Do you have a weekly training routine?  
Please explain:

Preferred outdoor recreation: (skiing, running, cycling,...)

Mountain Trip has the following gear for rent. Please indicate what, if anything you would like to rent (rental prices for international trips are a bit higher than US trips, due to possible excess baggage fees):

\_\_\_ Ascender (\$30) \_\_\_ Crampons (\$45) \_\_\_ Backpacks (\$100)

\*\* Contact us with any additional rental needs. We can probably help you out.

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## CARSTENSZ TERMS AND CONDITIONS

### **Cancellation and Refund Policy (this is a contract between you and Mountain Trip):**

Mountain Trip recognizes how difficult and disappointing it can be for climbers who must cancel expeditions for which they have planned for a long time. Team members must also recognize that, due to the nature of planning Carstensz expeditions and dealing with governmental permits and regulations, Mountain Trip also accrues significant expenses in the months prior to expedition departure dates. While we will do our best to protect your investment in this expedition; we must there adhere to a strict refund policy for all climbers. **WE CANNOT STRONGLY ENOUGH RECOMMEND TRIP CANCELLATION AND INTERRUPTION INSURANCE FOR THIS EXPEDITION!!**

- ◆ All deposits for expeditions include a non-refundable \$1000.00 registration fee.
- ◆ Final payments for expeditions must be received 90 days prior to the departure date in order for us to secure your climbing permit. Once we have secured your permit, \$5000.00 of your trip cost is non-refundable for any reason.
- ◆ Cancellations made between 89-61 days before the expedition will be refunded up to %60 of the expedition cost.
- ◆ Team members with outstanding balances 60 days prior to an expedition risk forfeiture of their spot on the expedition.
- ◆ Cancellations made 60 days or less before the expedition date are non-refundable and any monies owed will become immediately due.
- ◆ All requests for refunds must be made in writing and received in our office.
- ◆ Mountain Trip reserves the right to cancel an expedition prior to the departure date for any reason. In such an event, all monies collected by Mountain Trip from team members for that expedition shall be promptly refunded, less the expense of your climbing permit. Permits are good for one year and monies retained for the permit are transferable to a future expedition within that year. Mountain Trip is not responsible for any financial losses such as non-refundable airfare, that might be associated with this expedition.

### **Responsibilities of Team Members:**

Team members are ultimately responsible for their own well-being. This includes making all necessary preparations to ensure good health and physical conditioning. Team members are responsible for understanding the conditions that may exist on the climb and choosing a climb that is appropriate for their abilities and interests. Team members are responsible for having a knowledge of all pre-departure information and for assembling the appropriate clothing, equipment, and skills for their climb. While on the expedition, team members are responsible to maintain basic levels of hygiene and to conduct themselves respectfully with other team members and members of the local population.

### **Airline Responsibility:**

Passenger/Airline contracts are in effect while team members are on board any aircraft contracted for use in the expedition.

**I agree to all the above stated TERMS AND CONDITIONS.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Please print your full name: \_\_\_\_\_



### **PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

In consideration of Mountain Trip International, LLC, 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 "MTI"), I hereby agree to release, indemnify, and discharge MTI, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that mountaineering entails known and unanticipated risks that 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 rock-fall, icefall or other objects dislodged or thrown from above; the use of climbing ropes and equipment; the forces of nature, including lightning, 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. Additional dangers may include the hazard of traveling in the third world such as accidents or illness in remote places without access to adequate emergency medical facilities, war, terrorism, political unrest and other forces.

Furthermore, MTI 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 risks 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 MTI from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of MTI's equipment or facilities, **including any such claims which allege negligent acts or omissions of MTI.**

4. Should MTI 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 MTI, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of Colorado 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.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against MTI on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

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## Confidential Medical Information Form

Please fill out this form honestly and completely. The information is confidential. It will not be released to a third party unless your safety or the safety of others is compromised. Please attach a separate sheet if necessary.

Full Legal Name:

Expedition:

Date of Birth:

Expedition Date:

Height:

Sex:

Weight:

Blood Type:

Please list any major operations, accidents or illnesses you have had in the past five years:

Do you have any known food or medication allergies?      Y      N  
Please describe:

Do you have or have you ever had any of the following:

Heart Disease	Y	N
High Blood Pressure	Y	N
Diabetes	Y	N
Asthma	Y	N
Epilepsy	Y	N
Depression	Y	N
Other Mental Illness	Y	N
Do you smoke?	Y	N

Please give full details if you answered yes to any of the above:

**Confidential  
Medical Information Form**



Please describe any medications you take on a regular basis:

Please list any or all physical limitations or medical conditions that may restrict your ability to participate in this expedition:

Have you ever suffered any type of altitude related illness? Y      N  
Please describe the circumstances:

To what altitude have you climbed? \_\_\_\_\_

Have you ever suffered a cold injury such as frostbite? Y      N  
Please describe the circumstances:

Do you have any knee or back issues? Y      N  
Please describe:

Do you wear contact lenses? Y      N

Please describe any medical training you have received: