



**MOUNTAIN GUIDES**

Michael Silitch  
UIAGM Mountain and Ski Guide  
270 Chemin de la Deviaz  
74400 Chamonix, France  
tel. +33 6 89 48 41 18

*specialists in the alps*



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**APPLICATION AND REGISTRATION FORM**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Passport#: \_\_\_\_\_

Trip Name: \_\_\_\_\_ Trip Dates: \_\_\_\_\_

Total Trip Fees: \_\_\_\_\_ Deposit Amount (25%): \_\_\_\_\_ Balance Due (75%): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

**Climbing and Skiing Experience and Fitness Level**

Please describe your experience in rock climbing, highlights, how long, what level:

Please describe your experience in alpine climbing, highlights, how long, what level:

Please describe your experience in ice climbing, highlights, how long, what level:

Please describe your experience in on and off piste skiing, highlights, how long, what level:

Please describe your current level of regular exercise, including the activity, frequency, duration and since when:



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## MEDICAL INFORMATION/ CONSENT FORM

Please answer the following questions to the best of your ability. The activities you will participate in are often of a different physical nature than most participants are used to. All medical concerns need to be known. If you have questions regarding your participation, we encourage you to consult your physician.

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_

Do you or have you ever suffered from any of the following? If yes, please circle and describe.

- Allergies to medications, food, insect bites
- Back Problems
- Cerebral or Pulmonary Edema
- Currently under doctor's care
- Diabetes
- Frostbite
- Heart Problems
- High Blood Pressure
- Joint Injuries
- Limitations to Your Activities
- Taking Medications

Do you have a medical condition not listed above that we should be made aware of?

I \_\_\_\_\_, hereby consent to any hospital care or medical or surgical diagnosis or first aid activities with High Alpine Mountain Guides and its agents, if I am not able at that time to give my written consent due to unconsciousness, disorientation or other mental incapacity.

I also understand and agree that I am solely responsible for all appropriate charges for such serves and that High Alpine Mountain Guides and its agents are under no duty to provide any first aid or medical treatment in any event.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

IN CASE OF EMERGENCY PLEASE NOTIFY: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_



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

### **Page 1**

**Participant's agreement to accept responsibility of personal injury, property damage, and death associated with the inherent risks of mountain climbing activities and to release High Alpine Mountain Guides, its owners, officers, directors, employees and agents from any and all liability in connection with the inherent risks of your participation in mountain climbing activities.**

In consideration of the services of High Alpine Mountain Guides, 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 "High Alpine Mountain Guides"), I hereby agree to release, indemnify, and discharge High Alpine Mountain Guides, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate, as follows:

1. I acknowledge that my participation in outdoor adventure based activities such as rock climbing, alpine climbing, hiking, snowshoeing, ski touring, off piste skiing, ski mountaineering and/or climbing on an artificial indoor climbing wall 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. Furthermore, High Alpine Mountain Guides guides/instructors/facilitators 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, the elements, or the terrain. They may give inadequate 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 High Alpine Mountain Guides 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 High Alpine Mountain Guides' equipment or facilities, **including any such Claims which allege negligent acts or omissions of High Alpine Mountain Guides.**
4. Should High Alpine Mountain Guides 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 have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

**PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGEMENT OF RISK**

**Page 2**

**By signing this document (Participant Agreement, Release, and Acknowledgement of Risk) I acknowledge that if anyone is hurt or property 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 High Alpine Mountain Guides 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 understand it and I agree to be bound by its terms.**

**Signature of Participant:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's or Guardian's Additional Indemnification (must be completed for participants under 18)**

**In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by High Alpine Mountain Guides to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless High Alpine Mountain Guides from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.**

**Signature of Parent or Guardian:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Reservation and Cancellation Policies

### Payment Policy

A deposit of 25% of the trip fee is due at time of registration. Payments can be made via wire transfer. The balance is due 60 days before the trip.

### Refund Policy

Cancellations made 60 days before the trip start receive a full refund less the deposit. Cancellations made less than 60 days before the trip start are non-refundable.

If we cancel a trip for any reason, your trip fees will be fully refunded. We are not responsible for any other expenses you might incur.

Trip Cancellation Insurance is available through your travel agent. It can protect you from loss of non-refundable fees.

The guide's fee does not guarantee you will reach a summit or complete a specific route. Weather is always a variable in mountain climbing. It can prevent us from reaching our objective. The fitness level, skill level, or health and wellbeing of the participant may also affect our ability to summit a specific peak or route. Sometimes alternate objectives may be chosen based on these factors. Safety is the most important consideration while decision making in the mountains.

Please sign to acknowledge and agree with the reservation and cancellation policies.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature if Under18: \_\_\_\_\_ Date: \_\_\_\_\_