

International Trekking

PO Box 494 • North Conway, NH 03860

Phone: (603) 356-7013

E-mail: climbers@ime-usa.com

website: www.InternationalTrekking.com

Registration 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 \$1000 deposit payable to David Kelly/International Trekking.

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:

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: _____