

Registration Form

Applicant's Name: _____

Last

First

Middle

Permanent Address: _____

Street/ P.O. Box

City

State

Zip Code

Telephone: () _____ - _____ Age: _____ Birthdate: ____/____/____ Gender: _____

Last year of school completed: _____

Person to notify in case of emergency: _____

Name

Relationship _____ Address _____ Phone _____

How did you hear about TWM? _____

Dates of Attendance: _____

- Remember, we need these **SIGNED** forms before you will be allowed on the trip.
- Call for price quotes. Make checks payable to **Table in the Wilderness Ministries**.

Camper's Acknowledgment of Risk

There are significant elements of risk in any adventure, sport, activity or training associated with trekking, hiking, mountaineering, walking on glaciated terrain, or surfaces (referred to herein as "activity"), and the use of any equipment.

In consideration of the services of TABLE IN THE WILDERNESS MINISTRIES, their officers, agents, and employees, and all other persons or entities associated with this business (herein collectively referred to as the "concessionaire"), I agree as follows:

Although the concessionaire has taken reasonable steps to provide you with appropriate equipment and/or skilled guides so you can enjoy an activity for which you may not be skilled, we wish to remind you that this activity still has risks. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of the activity can be causes of loss or damage to your equipment, or accidental injury, illness or in the extreme cases, permanent trauma or death. **We do not want to frighten you or reduce your enthusiasm for this activity**, but we do think it is important for you to know in advance what to expect, and to be informed of the inherent risks. The following describes some, but not all, of those risks.

- Falls
- Heat related illnesses including heat exhaustion and heat stroke
- River crossings, fording, or travel including travel to or from the activity
- Risk associated with crossing, climbing, or down climbing rock snow, and/or ice.
- My sense of balance, physical coordination, and ability to follow instructions, and the actions of other climbers
- Cold weather related injuries including hypothermia, frostnip, and frostbite, which may result in loss of limbs, digits, and/or permanent scarring
- Altitude related sicknesses including acute mountain sickness, pulmonary edema, cerebral edema and or retinal hemorrhage
- Avalanche, rock fall, crevasse fall, inclement weather, high winds, and severe cold
- Equipment failure
- Accidents or illnesses occurring in remote places where there are no available medical facilities

I am aware that this activity entails risks of injury or death to myself. I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness, or death. I agree to assume responsibility for the risks identified herein and those risks not specifically identified. My participation in this activity is purely voluntary. No one is forcing me to participate. And I elect to participate in spite of these risks. I possess at least the following qualifications, which I understand are prerequisites to participate in this activity:

- I am (we are) physically and mentally capable of participating in this activity and/or using the equipment
 - I am (we are) safety conscious and acknowledge that wearing a UIAA approved helmet may be a basic safety precaution with respect to preventing head injury while rock climbing, rock face climbing, or rappelling
 - I acknowledge that if, during the activity, I/we experience fatigue, chill and/or dizziness, my/our reaction time may be diminished and the risk of accident increased
- I certify that I am (we are) fully capable of participating in this activity. Therefore, I assume full responsibility for myself, including any minor children, for which I am responsible, for bodily injury, accidents, illness, death, loss of personal property, and expenses thereof as a result of those inherent risks and dangers, and of my/our negligence in participating in this activity.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be binding upon myself, my heirs, assigns, personal representative, and estate, and for all members of my family including any minors accompanying me.

Parent of legal guardian must also sign if participant is under 21 years of age.

Participant's Printed Name: _____ Parent/Guardian's Printed Name: _____

Participant's Signature: _____ Parent/Guardian's Signature: _____

Date: _____ Date: _____

Medical Release Form

Parent or legal guardian must sign

Insurance Company: _____ Policy Number: _____

Does the camper have any illness or health condition for which treatment or medication is currently required? _____

If "yes" please explain: _____

Is the camper allergic to any medication? _____ If "yes" please list: _____

List any other allergies (insect bites, bee stings, etc.): _____

I approve the application above and the conditions listed in this entire registration form. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the TWM staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. I grant permission for my child to participate in every activity listed herein.

Parent/Guardian's Signature: _____ Date: _____