

**Complete and mail to: Montana Mountaineering Association
PO Box 6739
Bozeman, MT 59771**



Program Description _____

Participant's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____ Date of Birth _____ M F

Emergency Contact _____

Relationship _____ Phone _____

Do you have any medical conditions? If yes, please explain

Do you have any allergies? If yes, please explain

Are you taking any medications? If yes, please explain

Do you have any dietary restrictions? If yes, please explain

Do you carry any medical insurance? If yes, please name the insurance company

ALL THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Participant's Signature _____ Date _____

IF THE PARTICIPANT IS A MINOR (UNDER 18 YEARS OF AGE)

Parent's or Guardian's Name _____

Parent's or Guardian's Signature _____ Date _____

ACKNOWLEDGEMENT OF RISK

In consideration of the services of Montana Mountaineering Association, their officers, agents, employees, stockholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as "MMA"), I agree as follows:

Although MMA has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, MMA has informed me this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of this activity can be causes of loss of or damage to my equipment, accidental injury or illness or, in extreme cases, permanent trauma or death. MMA does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me 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: The hazards of walking on uneven terrain and slips and falls; being struck by rock fall, ice fall or other objects dislodged or thrown from above; 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. Furthermore, MMA has difficult jobs to perform. They seek safety, but are not infallible. They might be unaware of my fitness or abilities. The weather and other environmental conditions cannot always be predicted with absolute accuracy, and terrain may be misjudged. It would be impossible for MMA to foresee and warn me of every conceivable thing that might go wrong.

I am aware that rock climbing, mountaineering, ice climbing, backcountry skiing and backcountry snowboarding entails risks of injury or death to myself. I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility for the risks identified herein and those risks not specifically mentioned. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks.

I certify that I am fully capable of participating in this activity. Therefore, I assume full responsibility for myself, including all minor children in my care, custody and control, for bodily injury, death, and loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

I have had sufficient opportunity to read this entire document. I have carefully read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative, estate and for all members of my family, including minor children.

Participant's Name _____

Participant's Signature _____ Date _____

IF THE PARTICIPANT IS A MINOR (UNDER 18 YEARS OF AGE)

I, as a Parent or Guardian of (print minor's name) _____ (Minor), hereby give permission for Minor to participate in the activity and further agree, individually and on behalf of Minor, to the above terms.

Parent's or Guardian's Name _____

Parent's or Guardian's Signature _____ Date _____

PAYMENT INFORMATION

Payment amount: \$20

Check (Make payable to: MMA)

Cash

TERMS AND CONDITIONS

BOOKING CONDITIONS AND CANCELLATION /REFUND POLICY

- MMA reserves the right to change or cancel any itinerary or service at any time due to insufficient enrollment, bad weather conditions or other reasons without penalty to MMA.
- The participation of any person on any program is continually subject to the discretion of the program leader and MMA.
- MMA accepts no responsibility for the actions of persons and/or companies supplying goods and/or services as part of its programs or for any extra costs that may arise from the complication or prolongation of any program for any reason.
- In the unlikely event of an emergency, participants may, depending upon program location be liable for any rescue or evacuation costs incurred either on their behalf or as a result of their actions.
- All payments are non-refundable – except as noted below.
- Should a program be cancelled by MMA prior to starting, MMA will issue a full refund.
- Should a program be cancelled by MMA after starting, a partial refund may be issued at the discretion of MMA.

I agree to all TERMS AND CONDITIONS as stated above.

Name _____

Signature _____ Date _____