

MOUNTAIN ADVENTURE SEMINARS

P.O. Box 5450 • Bear Valley, CA 95223 • (209) 753-6556 • Fax: (209) 753-2313

Course Registration Form

Please fill out completely and return to MAS office before your course!

Name : _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____ Email: _____

Birthdate: _____ Height: _____ Weight: _____ Gender: _____

Course: _____ **Course Date:** _____

How did you find out about M.A.S. and this course? _____

How do you meet the prerequisites? _____

What would you like to learn and experience from this course? _____

Food: For courses with meals optio, please check your preference and list any allergies.

Omnivorous Vegetarian Vegan Allergies: _____

Gear: Please check gear that you would like M.A.S. to provide. Refer to course curriculum for gear list.

Climbing Helmet Harness Climbing shoes Size: _____

Snow Sports Shovel Probe Beacon Snowshoes

Medical: Please list any medical or physical conditions that might affect your participation in this activity (e.g. allergies, heart trouble, recent surgeries, diabetes, etc). Note any medication you plan to carry. **If you have no medical conditions, please write "None."**

Emergency Contact:

Name: _____ Relation: _____

Phone: _____ Other: _____

Payment Information:

Check or money order enclosed.

Bill my credit card (Visa or Mastercard)

Amount: _____

Account: _____

Expiration: _____

Cancellation Policy:

Cancellations or transfers more than 2 weeks prior to course will be refunded less a \$25 non-refundable registration fee. Cancellations or transfers within two weeks prior of course will be refunded 50%. Cancellations or transfers within 1 week of course cannot be refunded. M.A.S. may cancel any course due to weather, enrollment or logistical complications and will grant a full credit towards another course.

I accept the terms of this cancellation policy and understand I will be responsible for payment of the agreed upon amount.

Signature: _____

Please read and be certain you understand the implications of signing.

EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH MOUNTAINEERING, CLIMBING AND RELATED ACTIVITES

I, _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Mountaineering, Rock Climbing and Indoor Climbing activities, transportation of equipment related to the activities, and traveling to and from activity sites of which I am about to engage in. Inherent hazards and risks include but are not limited to:

1. Significant risk of injury from the activity and equipment utilized in Mountaineering, Rock Climbing and Indoor Climbing, including the potential for permanent disability and death.
2. Injury arising out of or related to equipment failure and/or malfunction of my own or others' equipment.
3. My own negligence and/or the negligence of others, including employees, agents, independent contractors or representatives of AuroraBound, Inc. dba Mountain Adventure Seminars including but not limited to operator error.
4. Injury to hands, fingers, feet and toes, including but not limited to inflammation and/or strain of muscles ligaments and/or tendons, nerve damage or compression, and broken bones.
5. Injuries from falling may occur from exposure to high altitude, which may affect judgment and coordination, or from not paying close attention to your climbing or others climbing with or near you.
6. Broken bones, severe injuries to the head, neck, and back which may result in severe physical impairment or even death.
7. Discharge of weapons in or near the area of activity.
8. Cold weather and heat-related injuries and illness including but not limited to frostnip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
9. Exposure to outdoor elements, including but not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe and or varied wind, temperature or weather conditions.
10. Attack by or encounter with insects, reptiles, and/or animals.
11. Accidents or illness occurring in remote places where there are no available medical facilities.
12. Fatigue, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
13. Impairment of my sense of balance, physical coordination, and ability to follow instructions.

***I understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness, or death.**

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in any way in Mountaineering, Rock Climbing and Indoor Climbing and related activities, I hereby acknowledge and agree as follows:

1. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL LIABILITY OR CLAIMS FOR INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as Releasees: _____ Owner (Company and/or Person)
2. To release the Releasees, their officers, directors, employees, representatives, agents, and volunteers, and vessels from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities WHETHER CAUSED BY ACTIVE OR PASSIVE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. By executing this document, I agree to hold the Releasees harmless and indemnify them in conjunction with any injury, disability, death, loss, or damage to any other person or property that may occur as a result of my engaging in the above activities.
3. I understand and acknowledge that Releasees are providing recreational services and may not be held liable for defective equipment or products.
4. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the Releasees, other than what is set forth in this Agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Adult Participant

Name of Adult Participant (Please Print)

Date

For Participants of Minority Age ("Minor"): This is to certify that I, as Parent, Guardian, or Temporary Guardian with legal responsibility for the below-referenced Minor, do consent and agree not only to his/her release of all Releasees as set forth above, but also to release and indemnify the Releasees from any and all liabilities or claims incident to his/her involvement in the above-referenced activities on behalf of myself, my heirs, assigns, and next of kin. I, on behalf of myself, my heirs, assigns, and next of kin, further agree to pay all bills, costs, and fees of any nature associated with the provision of any medical care and related transportation that, in the sole discretion of Releasees, is needed for the care and treatment of the below-referenced Minor and to and indemnify and hold Releasees its representative, agents, affiliates, officers, directors and employees harmless from any costs incurred therein.

Minor's Full Name

Parent's Signature

Date