



Climbing and Trekking Expeditions Registration Form

To Register:

Please complete this form and submit it with your deposit (15% of total trip price) to: Andes Trek Expeditions, Inc, 1750 NW 58th St #3, Seattle, WA 98107. We will hold email and telephone reservations for 10 days while awaiting your mailed registration form, signed Release of Liability Form and deposit.

When You Register:

We will email you a packet with all necessary information.

Contact Information

Name: _____
Address: _____ Apartment Number: _____
City: _____ State: _____ Zip: _____ Country: _____
Email: _____ (permission to share to other participants? No Yes)
Morning Phone #: _____ Evening Phone #: _____

Personal Information

Age: _____ Gender: _____ Height: _____ Weight: _____
Occupation: _____

Person to notify in case of an emergency:

Name: _____
Relationship: _____ Phone Number: _____

Travel Information

Passport Number: _____ Citizenship: _____
Date of Birth: _____ Place of Birth: _____
Date of Issue: _____ Expiration Date: _____ Place of Issue: _____
Please include a copy of your passport.

Arrival Airline: _____ Flight #: _____ Date: _____ Time: _____
Departure Airline: _____ Flight #: _____ Date: _____ Time: _____

Accommodations

- I am traveling alone, please assign me a roommate.
 - I prefer single accommodations, if available, at an additional cost.
 - I will share accommodations with: _____
- I/We prefer the following room accommodations:
- Single bed Double bed Twin beds Triple beds Quadruple/family style

If we are picking you up in Quito or Riobamba the day of the trip, where will you be staying?

Please share how you heard about us (e.g. book, website, friend): _____

Terms and Conditions

Policies on Cancellation, Trip Operations and Personal Responsibility

Trip Information

Trip Name: _____ Start Date: _____
Extension: _____ Start Date: _____
Number of Days: _____ Trip Package Rate: _____

Payment Plan

Payment options: Check Money Order PayPal Wire Transfer
Deposit Amount (15%): _____ Balance Due: _____

Deposit and Payment Schedule:

In order to secure your travel plans, a deposit of 15% of the trip cost is due at the time of registration. The remainder of the trip fee is due at the start of the trip and will be paid to the leader of the trip in Ecuador.

Cancellation and Refund Policy:

Due to the nature and heavy costs of government and operator permits, Andes Trek Expeditions, Inc must adhere to a stringent refund policy. If cancellation for any reason is received:

- 90 days or more prior to the date of departure, the deposit will be refunded less a \$100 non-refundable registration fee;
- With less than 90 days written notice, the cancellation fee is 15% of the cost;
- With less than 30 days written notice, no refund will be reissued;
- If we cancel a trip due to inadequate registration you will receive a full refund of all payments and your deposit. With the exception of our trip fees, we are not responsible for other expenses you might incur (such as nonrefundable airline tickets or other travel and work arrangements) in the event that we cancel a trip.

Trip Insurance:

In order to protect yourself from the loss of nonrefundable fees, we highly recommend that you purchase trip cancellation insurance and if applicable, emergency evacuation insurance. Policies are available online, such as at www.travelex-insurance.com and www.americanalpineclub.org for high altitude rescue insurance.

Miscellaneous:

Participant gives their consent for ATE to use photographs with their image in its publications, including its website (please note, this is optional). No Yes

I have read, understand, and agree to the terms and policies on cancellation, trip operations, and personal responsibility described above.

Signature

Name (please print)

Date

Medical Information

The activities you will participate in are 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, you should discuss them with your doctor.

1. Have you ever experienced any form of altitude illness? If yes, describe; including your rate-of-ascent, altitude, medication and recovery procedures.

2. In the past two years, have you had a major accident or illness? If yes, please describe.

3. Do you have any physical limitations or medical conditions that might restrict your full participation in this program, such as a shoulder dislocation, knee or back problems? If yes, please describe.

4. Do you have any specific dietary needs or concerns?

5. List medications taken and reason; and if you will be taking these on the trip?

6. Do you have any known allergies, such as to food, medications, bee stings etc?

7. Do you wear corrective lenses? No Yes

Fitness and Climbing Bio

This information assists us in designing each trip to match individual needs and goals. Signing this form indicates that you understand and comply with the physical fitness requirements for your program.

1. Please describe your normal weekly fitness routine:

2. I can jog without distress: 1 mile 3 miles 5 miles more
I can easily walk with a daypack over: 4 hrs 8 hrs 12 hrs more
3. How will you modify your training regimen to prepare for this trip? (If applicable)

4. Please list any/all mountaineering and other outdoor experience you may have, particularly as it is relevant to the program for which you are registering. Attach an additional sheet if necessary.

All the above is true to the best of my knowledge.

Signature

Name (please print)

Date

Seattle, WA, USA
1750 NW 58th St. Suite # 3
Phone: (206) 789-6337
www.goandestrek.com

Quito, Ecuador
Manuel Cabeza de Vaca e Isacc Barrera N1-393
Phone: (593) 2-207-4006

Riobamba, Ecuador
Colon 22-25 y 10 de Agosto
Phone: (593) 3-394-0964

info@goandestrek.com

**Recognition of Hazards,
Assumption of Risk & Release from Responsibility & Liability**

**DO NOT INITIAL OR SIGN THIS FORM WITHOUT READING IT CAREFULLY. IF YOU
DO NOT UNDERSTAND IT OR HAVE ANY QUESTIONS, PLEASE INQUIRE.**

I. Purpose of this form:

As used in this release "ATE" means Andes Trek Expeditions, Inc, its owners, officers, instructors, guides, employees, medical advisors, agents and participants and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "ATE").

This is an agreement to comprehensively release and hold harmless ATE from any claims arising out of your participation in one or more of its touring, trekking, climbing programs and/or climbs attempted by you thereafter.

This form makes your assumption of risk complete and your release of ATE from liability comprehensive, since it applies to all your activity with and related to ATE, including instruction; practice climbing; belaying; ascending, descending and traversing terrain; camping; rescues; and the learning, practice, and application of other climbing and protective system skills, as well as travel to and from particular destinations, whether on foot or otherwise.

**I UNDERSTAND THE ABOVE DESCRIPTION AND THAT THIS FORM IS A COMPREHENSIVE
RELEASE OF ALL CLAIMS I MIGHT HAVE AGAINST ATE.**

Initial _____

II. Recognition of Hazards:

All climbing involves known and unanticipated risks, hazards and the risk of physical or emotional injury, paralysis, death, damage to property, or to third parties. The climbing activities you will do with ATE is no exception. Your climbing will involve objective hazards that may include the movement or fall of rock, snow, ice, and water, none of which can necessarily be controlled or accurately predicted. There is always the possibility of rapid weather deterioration with lightning, rain and snow and sub-freezing temperatures.

There are additional risks involved in your climbing because of the potential of slipping or falling and being injured. Especially in uneven, rugged terrain or in any terrain with crampons on and/or an ice axe in hand, even a slip or short fall can cause a serious injury.

There is additional potential hazard due to failure of equipment, failure of belays, failure of anchors, and failure of other climbers to take needed actions or perform certain skills.

Because this is a physically intense sport, it includes the possibility of exercise-induced or sport-induced injuries, including but not limited to fracture, sprain, dislocation, muscle pull, altitude sickness, snow blindness, general or specific strain. You may experience negative psychological and/or physical effects from the stresses inherent in multi-day group travel and climbing.

In the case of injury or illness in the mountains, there may be a need for evacuation or medical treatment when none is available on a timely basis. Because evacuation and/or medical treatment may not be available, there may be a need for your guide or instructor to give you such treatment as the cleaning and closure of wounds; the splinting of strains, sprains, or breaks; the dispensing of prescription medicines; and other medical practices or first aid without the direction or supervision of a physician.

**I UNDERSTAND AND RECOGNIZE THESE HAZARDS, AND I ACCEPT THEM AS A PART OF
THE TRAVEL AND CLIMBING THAT I AM UNDERTAKING WITH ATE. MY PARTICIPATION IN
THIS ACTIVITY IS PURELY VOLUNTARY, AND I ELECT TO PARTICIPATE IN SPITE OF THE
RISKS.**

Initial _____

III. Authorization and Release (this includes a complete release from responsibility and liability)

I understand and recognize that there is a significant element of danger and risk in climbing, and I accept and assume those risks. Knowing the inherent dangers and risks involved in this activity, I certify that I and all my family members who are participating, including any minor children, are fully capable of participating in the activities, both mentally and physically. I assume full responsibility for myself and my family, including any minor children, for bodily injury, death, loss of personal property, and expenses thereof.

In the event that injury or illness renders me unconscious or if I am otherwise unable to make judgments or decisions on my own about whether to accept first aid treatment, I hereby authorize my instructor, guide, and other ATE personnel to administer first aid to me without the supervision of a physician and according to their own judgment, and including but not limited to any or all of the following: the dispensing and administration of prescription drugs; the cleaning, closure, and bandaging of wounds; the splinting and bandaging of strains, sprains, and breaks; the administration of cardio/pulmonary resuscitation; the administration of artificial respiration; the application of tourniquets; and moving me to another place in hopes of improving my safety and/or that of the person(s) helping me, notwithstanding my injured condition.

In consideration of the services I am to receive from ATE, I assume the risks indicated above and release ATE from any and all claims, damages, liability, expense, or cost of any kind that may arise out of the services and/or other arrangements provided for me. I hereby voluntarily release, hold harmless, and agree to fully indemnify and defend ATE from any claims or demands arising from my actions or omissions in connection with the activities described here and/or with the other arrangements provided for me, whether negligently or otherwise. In defending against any such claims, I will employ competent lawyers of my choosing on behalf of ATE, subject to ATE’s consent (which will not be unreasonably withheld), and I will keep ATE apprised of all significant developments regarding such claim. The terms hereof serve also as a release of liability and an assumption of risk by my heirs, executors, administrators, assigns, and members of my family.

I understand that ATE acts not as agent but only as coordinator between myself and the companies providing transportation, accommodations, and other services used in conjunction with my program, and that all these services are subject to terms and conditions set by those companies. In accepting such services I agree that ATE shall not be held responsible or liable for any claims, damages, liability, expense, or cost of any kind that may arise out of those services.

If ATE incurs attorney’s fees or costs to enforce this agreement (whether or not suit is brought), I agree that ATE shall be entitled to recover from me all such fees and costs.

I agree that in the event any part or portion of this agreement is found to be void or unenforceable, then such part or portion will be stricken but the rest of the agreement will be given full force and effect.

In any legal action arising out of this Release and/or my participation in this program (including all supervised or unsupervised activity in preparation for, during, following, or resulting from it), I agree irrevocably to submit to the exclusive jurisdiction and venue of the Superior Court of the State of Washington for King County. Any such action shall be governed by the laws of the State of Washington.

I HAVE READ AND UNDERSTOOD ALL OF THE FOREGOING BEFORE SIGNING. I HAVE RECEIVED NO OTHER PROMISE, AGREEMENT, OR EXPLANATION REGARDING THE POTENTIAL LIABILITY OF ATE.

Signature Name (please print) Date

If applicant is under the age of 18, a parent or guardian’s signature is required:

Signature of Parent of Guardian Name (please print) Date