



Name: _____
Office Use Only __A __H

PARTICIPANT'S PERSONAL INFORMATION

Name as it appears on your Passport: _____

Nationality: _____ DOB: (DD/MM/YYYY) _____ Current Age: _____

Passport #: _____ Passport Expiration: (DD/MM/YYYY) _____

Mailing Address: _____

Email: _____ Cell Phone: _____

Destination: Australia _____ Argentina _____ Mexico _____ Nepal _____ Peru _____ Tanzania _____
Peru Community Service _____ Tanzania Community Service _____ Other _____

TRAVEL INSURANCE:

Your safety is our primary concern and K2AT recommends Ripcord Rescue Travel Insurance for all clients. It is premier travel insurance coverage specific for adventure sports activities such as mountain trekking and has no altitude restriction. Coverage options include evacuation and rescue, medical cost coverage and trip cancellation.

For more information, please visit www.ripcordrescuetravelinsurance.com/k2adventuretravel

If purchased, list your travel insurance coverage.

Carrier Name: _____
Policy #: _____ Phone: _____

Insurance is optional but strongly recommended. Provide K2AT a copy of your insurance and carry it with you at all times during the trip.

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: _____ Relationship: _____
Phone: Cell: _____ Home: _____ Work: _____
Email: _____

ADDITIONAL PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: _____ Relationship: _____
Phone: Cell: _____ Home: _____ Work: _____
Email: _____

ADDITIONAL PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: _____ Relationship: _____
Phone: Cell: _____ Home: _____ Work: _____
Email: _____



Name: _____

PARTICIPANT'S PERSONAL HEALTH INFORMATION

Name: _____ Today's Date: (DD/MM/YYYY) _____

Do you have any allergies to food or medications? Yes _____ No _____

If yes, please list: _____

Do you have any dietary restrictions? Yes _____ No _____

If yes, please list: _____

**PLEASE LIST ANY PRESCRIPTION MEDICATIONS YOU CURRENTLY TAKE.
ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINERS AND CARRIED WITH YOU AT ALL TIMES.**

Name: _____ Dosage: _____ X _____ Day For: _____

Name: _____ Dosage: _____ X _____ Day For: _____

Name: _____ Dosage: _____ X _____ Day For: _____

For Females: Are you currently on birth control pills? Yes _____ No _____ Dosage: _____ X _____ Day
How long have you been taking the pills? _____ Months _____ Years

IN PREPARATION FOR YOUR ADVENTURE, K2 ADVENTURE TRAVEL RECOMMENDS THE FOLLOWING:

- Consult with your primary physician to discuss your health as it relates to this adventure.
- Bring a prescription altitude medication such as Diamox (Acetazolamide). This medication is helpful for altitude sickness that may occur. If you are allergic to sulfa-based drugs, you will need to get Dexamethasone instead. Consult your primary care physician regarding this prescription.
- Bring prescriptions for diarrhea and upper respiratory infection that may occur.
- Carry all personal medications with you at all times.
- Bring electrolytes, or any products similar, to ensure that the body functions at optimal levels during extraneous activities.
- K2AT does not provide or administer over the counter or prescription medications and it is your responsibility to bring medications for your personal use. K2AT is willing to make recommendations of how to administer medications.
- Refer to the General Information packet for more information specific to your adventure. This includes recommended prescriptions listed above.

Do you plan to bring altitude medication? Yes _____ No _____

If yes, please list: _____

Please list prescription and over the counter medications you plan to carry for travel.

Please provide additional health concerns you may have: _____

Your initial indicates you have read, understand, and agree to all the information listed above. (_____)

**** International clients are advised to consult with their doctor, medical personnel or government agency for medications similar to the USA medications and immunizations mentioned above.**



Name: _____

PARTICIPANT’S PERSONAL AND FAMILY HEALTH HISTORY

Family	Participant		Immediate Family			Participant		Immediate	
	Yes	No	Yes	No		Yes	No	Yes	No
Pneumonia	___	___	___	___	Frequent Headaches	___	___	___	___
Bronchitis	___	___	___	___	Fainting/Dizziness	___	___	___	___
Asthma	___	___	___	___	Bursitis/Tendonitis	___	___	___	___
Emphysema	___	___	___	___	Arthritis	___	___	___	___
High Blood Pressure	___	___	___	___	Back Pain	___	___	___	___
Angina	___	___	___	___	Balance Problems	___	___	___	___
Rapid/Irregular Pulse	___	___	___	___	Hypoglycemia	___	___	___	___
Chest Pain	___	___	___	___	Depression/Anxiety	___	___	___	___
Shortness of Breath	___	___	___	___	Diabetes	___	___	___	___
Circulation Problems	___	___	___	___	Hearing Impairment	___	___	___	___
Stroke	___	___	___	___	Mobility Impairment	___	___	___	___
Heart Attack	___	___	___	___	Motion Sickness	___	___	___	___
Blood Clots	___	___	___	___	Other	___	___	___	___
Epilepsy	___	___	___	___					

If you answered “yes” to any of the questions above, please explain and include ALL pertinent immediate family history:

Have you been in an accident or had any surgeries in the last 6 months prior to your travel date? Yes _____ No _____

If yes, please explain:

Please provide additional health concerns you may have:

The above information, personal health information/history and list of medications are accurate to the best of my knowledge. I understand it is my responsibility to notify K2 Adventure Travel of any changes.

Name: _____

Signature: _____ Today’s Date: (DD/MM/YYYY) _____

Office Use Only:
Updated: _____ Participant Signature: _____ K2AT Initials: _____



Name: _____

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of K2 Adventure Travel, LLC, their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "K2ATL"), I hereby agree to release, indemnify, and discharge K2ATL, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation guided overnight hiking, camping, backpacking - Community Service – Foreign tour activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slips and falls; falling objects; rugged terrain; weather conditions; water hazards; accidental drowning; collision with fixed or movable objects; cuts, bruises, burns, abrasions, strains, sprains, fractures, concussions, broken bones; musculoskeletal injuries including head, neck, and back; injuries to internal organs; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia, heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; exposure to altitude; frostbite, acute mountain sickness, cerebral and pulmonary edema; loss or damage to equipment being used; equipment failure and/or operator error; improper lifting or carrying; being lost or separated from their guides or companions; the negligence of participants, or other persons who may be present; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; my own physical condition, and the physical exertion associated with this activity; the condition of roads, terrain, or highways and accidents connected with their use. Foreign countries have their own laws and standards of acceptable conduct; food and water related illnesses; foreign political, legal, social, transportation, health, and economic conditions; different standards of design, safety, and maintenance of buildings, public places, and conveyances; local & medical facilities and providers; weather conditions; criminal activity, environmental hazards; standards of living and health standards that are not equivalent to life in the United States. Furthermore, K2ATL personnel have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, other environmental conditions. They might misjudge whether the terrain is safe for travel or where or when an avalanche may occur. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless K2ATL from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of K2ATL's equipment or facilities, including any such claims which allege negligent acts or omissions of K2ATL.

4. Should K2ATL or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against K2ATL, I agree to do so solely in the state of Arizona, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.



Name: _____

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against K2ATL on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at K2ATL.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name: _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Participant Signature: _____ Date: _____

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)**

In consideration of _____ (print minor's name) ("Minor") being permitted by K2ATL to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless K2ATL from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____

Date: _____



Name: _____

EVACUATION AGREEMENT

K2 Adventure Travel takes every precaution at all times in maintaining the safety and success of individuals and the team. I realize there is a chance not everyone will be successful. K2AT has evacuation procedures in place for individuals who need to leave the mountain, safari, or other adventure before the scheduled itinerary. Evacuations may occur due to weather related issues, medical reasons, inappropriate behavior, or national emergency as stated in, but not limited to the Participant Agreement, Release of Liability and Assumption of Risk. Costs incurred for these evacuations are the responsibility of the evacuated participant. These may include transportation, hotel costs, hospital/medical fees, meals, and airfare for the client and all K2AT guides involved in the evacuation.

By signing this agreement, I acknowledge I am responsible for any and all costs incurred for my evacuation off the mountain or early departure from my scheduled itinerary or safari itinerary.

Print Name: _____ Date: (DD/MM/YYYY) _____

Signature: _____

Please return the completed form by the due date specified by K2AT. You will have an opportunity to update your medical form with your K2AT guide prior to starting on your adventure.

Completed forms may be emailed or mailed directly to the office:

Email Electronic Copy To:
Taryn Borges
Customer Service Manager
taryn@k2adventures.org

Mail To:
K2 Adventure Travel
20645 N. Pima Rd., Ste. 100
Scottsdale, Arizona 85255

FOR QUESTIONS, CONTACT:

Kevin Cherilla
K2 Adventure Travel
602-686-6146

Kristen Sandquist
K2 Adventure Travel
480-797-2950

THANK YOU FOR TRAVELING WITH K2 ADVENTURE TRAVEL

K2AdventureTravel.com