



Name of Minor: _____ Office Use Only ___ A ___ H

MINOR PARTICIPANT'S PERSONAL INFORMATION

To be completed by legal parent or guardian.

Name: _____ Today's Date: _____

DOB: _____ Current Age: _____ Current Grade: _____

Mailing Address: _____

Email: _____ Cell Phone: _____

Destination: ___ Colorado ___ Grand Canyon Rim to Rim ___ Mt. Humphreys ___ Mt. Shuksan ___ Mt. Whitney ___ Other, Please List _____

TRAVEL INSURANCE:

Client safety is our primary concern and K2AT recommends Ripcord Rescue Travel Insurance for all hiking clients. It is evacuation and rescue with premier travel insurance coverage designed for adventurers. For more information, please visit <http://www.ripcordrescuetravelinsurance.com/k2adventuretravel>

If purchased, list your travel insurance coverage.

Carrier Name: _____

Policy #: _____ Phone: _____

Please provide K2AT a copy of your travel insurance coverage and carry a copy with you at all times during the trip.

Grand Canyon National Park has its own rescue/evacuation jurisdiction within the park boundary.

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Phone: Cell: _____ Home: _____ Work: _____

Email: _____

Name: _____ Relationship: _____

Phone: Cell: _____ Home: _____ Work: _____

Email: _____

Does minor have any allergies to food or medications? Yes ___ No ___

If yes, please list: _____

Does minor have any dietary restrictions? Yes ___ No ___

If yes, please list: _____

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

- Consulting with minor's primary physician to discuss minor's health as it relates to this adventure.
- Receiving a Tetanus shot within the last 5 years and being current with Hep A and Hep B.
- Bringing a prescription altitude medication such as Diamox. This is helpful for altitude sickness that may occur while mountain hiking. If minor is allergic to sulfa-based drugs, minor will need to get Dexamethasone instead.
- Bringing all medications for minor's personal use. K2AT does not provide or administer medications but will make recommendations on how to administer medications.
- Bringing electrolytes, or any products similar, to ensure that the body functions at optimal levels during extraneous activities.

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



Name of Minor: _____

MINOR 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:

List prescription medications the minor currently takes. Medications must be in original containers.

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

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

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

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

Have minor 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 history and list of medications are accurate to the best of my knowledge. I understand it is our responsibility to notify K2 Adventure Travel of any changes. Date: _____

Parent or Legal Guardian: _____ Signature: _____

Form is not complete without the minor's primary physician's approval to participate in the trip.

_____ The above named minor is approved to participate in the K2 Adventure Travel International trip.

_____ The above named minor is approved to participate in the K2 Adventure Travel International trip, but with the following limitations: _____

_____ The above named minor is NOT approved to participate in the following K2 Adventure Travel trip.

Name of Primary Physician: _____ Date: _____

Signature of Physician: _____

Name of Office: _____

Address: _____ Phone: _____

Office Use Only: Updated: _____ K2AT Initial: _____



Name of Minor: _____

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 of Minor: _____

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 of Minor: _____

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