



## WHITNEY CLASSIC REGISTRATION FORM

Pre-registration only

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

T-Shirt Size: (One T-shirt per rider and one per SAG team included in registration fee)

S\_\_\_\_ M\_\_\_\_ L\_\_\_\_ XL\_\_\_\_ XXL\_\_\_\_

**Registration fee must accompany entry. Pledges are due by the day of the ride.**

### Registration fees:

	Before July 1	After July 1
Single Rider	\$35	\$75
Tandem	\$55	\$125
Team	\$35+\$20/rider	\$75+\$50/rider

### Rider Packet:

\_\_\_\_ I'll download a packet from [www.summitadventure.com](http://www.summitadventure.com)

\_\_\_\_ Mail me a packet

**Minimum pledges: \$700** per person (registration fee not included), due by the day of the ride

Additional Whitney Classic T-shirts: \$15.00 (please indicate number of each size)

S\_\_\_\_ M\_\_\_\_ L\_\_\_\_ XL\_\_\_\_ XXL\_\_\_\_

**Make checks payable to:**

**Summit Adventure**

**P.O. Box 498**

**Bass Lake, CA 93604**

**On-line donations Accepted (MC & Visa)**

## PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

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

1. I acknowledge that outdoor adventure based activities such as hiking, camping, backpacking, rock climbing and mountaineering 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:** the hazards of walking on uneven terrain and slips and falls; being struck by rockfall, icefall or other objects dislodged or thrown from above; the use of climbing ropes and equipment; 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, SA employees 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 or other environmental conditions. 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 SA 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 SA's equipment or facilities, **including any such claims which allege negligent acts or omissions of SA.**
4. Should SA 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 SA, I agree to do so solely in the state of California, and I further agree that the substantive law of California 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 and unenforceable, the remaining portions shall remain in full force and effect.

**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 SA on the basis of any claim from which I have released them herein.**

**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.**

Signature of participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

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

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by SA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless SA 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: \_\_\_\_\_



National Park Service  
U.S. Department of the Interior

Death Valley National Park  
Special Park Uses Program

PO Box 579  
Death Valley, CA 92328  
760/786-3241 phone  
760/786-3283 fax

## Commercial Use Authorization—Exhibit 1 Visitor/Participant Acknowledgement of Risk Form

In consideration of the services of **SUMMIT ADVENTURE** their officers, agents, employees, and stockholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as “**SUMMIT**”) I agree as follows:

Although **SUMMIT** 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, **SUMMIT** has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. **SUMMIT** 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.

Accident, injury, dehydration, hypothermia, heat stroke, heat exhaustion

I am aware that **THE WHITNEY CLASSIC** entails risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the staff of **SUMMIT** has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

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

I have carefully read, clearly 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 and estate and for all members of my family, including minor children.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Signature of Parent or Guardian, if participant is under 18 years of age

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EXPERIENCE YOUR AMERICA™

The National Park Service cares for special places saved by the American people so that all may experience our heritage.

## SUMMIT ADVENTURE CONFIDENTIAL MEDICAL HISTORY

FAILURE TO COMPLETE ALL PORTIONS OF HISTORY COULD RESULT IN AN INJURY OR COMPOUND THE DAMAGE OF AN INJURY

If you have now, or have had, any of the following symptoms or conditions, please circle YES, underline and describe the problem below (indicating the number referred to); if not, circle NO. Use additional paper if necessary.

If you have had any of the following illnesses, state the year of occurrence.

- |  |     |    |                         |
|--|-----|----|-------------------------|
| 1 Dizziness, loss of consciousness, or recurrent headaches, fainting.....                  | Yes | No |                         |
| 2 Eye, ear, nose, throat or sinus symptoms.....  | Yes | No | _____ Appendicitis      |
| 3 Impairment of sight, hearing, or speech.....   | Yes | No | _____ Arthritis         |
| 4 Chronic cough, coughing up of blood, close contact with tuberculosis, bronchitis....     | Yes | No | _____ Asthma            |
| 5 Chest pain, shortness of breath, palpitation, swelling of ankles, heart murmur.....      | Yes | No | _____ Chickenpox        |
| 6 Low or high blood pressure.....  | Yes | No | _____ Colitis           |
| 7 Leg cramps, varicose veins, or varicose ulcer.....                                       | Yes | No | _____ Cystitis          |
| 8 Troublesome skin conditions, sensitive skin (sun exposure, allergies) rashes.....        | Yes | No | _____ Diabetes          |
| 9 Loss of teeth (indicate number of false teeth) use of dentures, bridge, braces.....      | Yes | No | _____ Epilepsy or       |
| 10 Albumin, sugar or blood in urine, kidney stones, or other urinary difficulties.....     | Yes | No | _____ Convulsions       |
| 11 Chronic pain in shoulders, arms, legs.....  | Yes | No | _____ Gall Bladder      |
| 12 Muscles, joint or back pain, bursitis, sciatica, swelling with injury.....              | Yes | No | _____ Hay Fever         |
| 13 Knee injury or knee trouble.....  | Yes | No | _____ Hepatitis         |
| 14 Benign or malignant growth or tumor.....  | Yes | No | _____ Heart Disease     |
| 15 Frequent abdominal cramps, severe menstrual cramps, frequent diarrhea.....              | Yes | No | _____ Jaundice          |
| 16 Reaction to extremes of temperature, frostbite, impaired circulation.....               | Yes | No | _____ Mono              |
| 17 Claustrophobia, Agoraphobia, Acrophobia (strong fear of confined places                 |     |    | _____ Malaria           |
| open places, heights).....   | Yes | No | _____ Measles           |
| 18 Motion sickness.....  | Yes | No | _____ Mumps             |
| 19 Frequent infection of throat, tonsils, sinuses, ears.....                               | Yes | No | _____ Pleurisy          |
| 20 History of diabetes, thyroid trouble, bleeding problems.....                            | Yes | No | _____ Pneumonia         |
| 21 Allergies to stings, bites, food, other.....  | Yes | No | _____ Poliomyelitis     |
| 22 Allergies to Codeine, antibiotics, penicillin, benadryl, aspirin, tylenol, advil or any |     |    | _____ Rheumatic Fever   |
| other medications.....   | Yes | No | _____ Tuberculosis      |
| 23 Continued use of alcohol, drugs, or medicines.....                                      | Yes | No | _____ Typhoid Fever     |
| 24 Scars, if so where.....   | Yes | No | _____ Ulcer (stomach or |
| 25 Do you smoke, if so how much?.....  | Yes | No | duodenum)               |
| 26 Do you use alcohol, if so how much?.....  | Yes | No | _____ Venereal Dis.     |
| 27 Special dietary restrictions, vegetarian, macrobiotic, etc. (Summit cannot meet         |     |    | _____ Aids              |
| special requirements).....   | Yes | No |                         |

**Elaborate on any of the above conditions (i.e. dates, medications, past history)**

Are you especially susceptible to any illness? \_\_\_\_\_ Do you have any special physical limitations? \_\_\_\_\_  
 Do you have any special fears? \_\_\_\_\_ Are there any foods you can't or should not eat? \_\_\_\_\_

**If you have had any of the following, give the date(s) and details of each occurrence:**

Hernias \_\_\_\_\_ Dislocations \_\_\_\_\_ Blood Transfusions \_\_\_\_\_  
 Concussions \_\_\_\_\_ Fractures \_\_\_\_\_ Sprains or strains \_\_\_\_\_

**Name any injuries, illness or disabilities not mentioned and year of occurrence:**

**If you have ever been hospitalized state: Date, illness, injury, or operation and location of hospital and name**

Have any blood relatives had diabetes, high blood pressure or heart disease, epilepsy, migraines, bleeding disorders, allergies, tuberculosis, strokes, anemia, nervous muscular or emotional disturbances? If yes, circle illness. If immediate family members are not living, give cause of death, age, and year of occurrence. \_\_\_\_\_

Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Type \_\_\_\_\_ Eye sight \_\_\_\_\_  
 Date of last Tetanus immunization or booster \_\_\_\_\_ Polio \_\_\_\_\_  
 Date of last chest x-ray \_\_\_\_\_ TB Tine test \_\_\_\_\_ Date of last physical examination \_\_\_\_\_  
 Name of physician \_\_\_\_\_ Date of last dental examination \_\_\_\_\_  
 Name of Dentist \_\_\_\_\_ Any special behavioral problems or habits that we should be aware of \_\_\_\_\_

Health: I would consider myself in excellent, good, fair, poor health.  
 Fitness: I consider myself in excellent, good, fair, poor physical condition.  
 Swimming: I can swim a mile, I can swim, I can not swim, I am afraid of the water.  
 Exercise: I exercise daily, regularly, occasionally, seldom, never.

**Date of Birth**

**Occupation**

**State of Health**

Father \_\_\_\_\_  
 Mother \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_