



# Application

Post Office Box 566  
13765 East 3rd Street  
Talkeetna, Alaska 99676 USA

tel: 907.733.1016  
info@climbalaska.org

To apply with AMS, please read and complete this form and send it to us in Talkeetna via email or post. There is an \$50 non-refundable application fee for expedition applications, this helps pay for your zoom call with one of our Denali experts. After the acceptance process, a non-refundable deposit is required for enrollment. Deposits are: \$500 for Courses, \$3,000 for Expeditions, 20% of the total tuition for Custom programs, a full non-refundable tuition for Workshops.

## Personal Information

Name: First Preferred Last

Birthdate (m/d/y) Gender Height Weight

Occupation Mobile Phone

Preferred method of communication Social Media Address

English:  Fluent  Proficient  Can get by  No English

## Emergency Contact

Name: First Middle Last

Physical Street Address

City State Postal Code Country

Primary Email Secondary Email

Phone Relationship to Applicant

## Mailing Address

Street (include apt., box, etc.)

City State

Postal Code Country

Primary Email

Secondary Email

## Registration

Program Name Starting Date

Have you enrolled in an AMS program before?  Yes  No

Title Date

How did you hear about AMS? *(Please include a name if someone referred you):*

## Applicant Goals & Background

1. List 2 goals you have for this program. How will you define success for this experience?

2. Course applicants: Describe your regular physical activities/sports and any outdoor or climbing experience:  
*(Expedition applicants: please skip and complete the Expedition Questionnaire)*

## Tuition & Policies

Expeditions applications incur a \$50 non-refundable application fee. Deposits will only be processed after you have been accepted on the AMS program. Deposits are non-refundable; \$500 for Courses, \$3000 for Expeditions, full tuition for Workshops, and 20% of the total tuition for Custom programs. The full tuition balance is due in advance of the starting date: 120 days prior to Expeditions and 60 days prior to Courses. Custom programs are committed to final payment due dates in the AMS quote confirmation document. Purchasing trip cancellation insurance is recommended. AMS will accept payments by credit card, cash, or wire transfer.

Payment options:     Credit Card     Cash     Wire Transfer     Secure Online Payment, (AMS will send you a link)

Billing Address:

Street (include apt., box, etc.) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Deposit amount to charge: \$ \_\_\_\_\_ Name on Card: \_\_\_\_\_

Use the same card to process my remaining balance: \$ \_\_\_\_\_ on (Date): \_\_\_\_\_ Please send receipt via:     email     post

Card Number \_\_\_\_\_ Exp: Month/Year \_\_\_\_\_ CVV Code \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ I agree to pay the above total amount according to card issuer agreement \_\_\_\_\_ Date \_\_\_\_\_

**TUITION:** Tuition for Workshops includes guides and instruction, logistics support, group technical equipment, and field communication equipment. Courses and Expeditions also include group camping equipment, food, accommodation, and transportation during the program. Denali Expeditions additionally include ground transport from Anchorage to Talkeetna, 2 nights pre-Expedition lodging in Talkeetna, and all NPS climber and entrance fees. Tuition does not include personal equipment rentals, lodging, or transportation to or from Talkeetna for Courses and Workshops, or transportation from Talkeetna to Anchorage after your Expedition. Inclusions and exclusions for Custom programs are detailed in the AMS quote confirmation document.

**CANCELLATIONS & REFUNDS:** All deposits count toward tuition and are nonrefundable unless AMS denies your application. Cancellations made 121 days or more before the starting date for Expeditions and 61 days or more for Courses will be refunded the amount of the balance paid beyond the deposit, plus administrative fee. Cancellations made within 120 days of the starting date for Expeditions or 60 days of the starting date for Courses will not receive a refund. All Custom program tuition is nonrefundable. If tuition payment is not made by the due date, the participant will be cancelled from the program without refund—unless, prior to the due date, the participant and AMS have agreed upon a written alternate payment plan. AMS reserves the right to change scheduled guides or instructors or a Course location; in this event there are no refunds. In the event of a Course or Expedition cancellation, no refunds of the deposit will be issued. The paid balance will be refunded or transferred if a Course or Expedition is canceled for any reason wholly or partially beyond AMS's control (including, without limitation: force majeure, natural disasters,

government closures, or pandemic). AMS is not responsible for any associated personal costs resulting from changes or cancellations, regardless of whether the change or cancellation is caused by AMS or is beyond AMS's control. AMS recommends that all applicants explore their options for trip insurance coverage.

**TRANSFERS:** Transfers to different Courses or Expeditions are granted only upon availability. They must be requested at least 120 days before the starting date of the program. If approved, there is a \$250 transfer fee, due when the transfer is made. Participants who are unable to attend and do not request a transfer will be cancelled and will not receive a refund. Transfers may be made only within the same calendar year. Transfers are not applicable to Custom programs.

**BE ADVISED:** AMS reserves the right to refuse a person participation on any program if we find that person to be mentally or physically unprepared. During a Course or Expedition, AMS reserves the right to end a person's participation for any reason deemed necessary by the guides for individual or group well-being. In these cases, there will be no refund of any kind. AMS provides no guarantee that climbing objectives (e.g., summiting) will be reached, and there is no refund for individuals or groups who fail to reach the climbing objective, regardless of the reason. If a participant requires rescue, or the participant departs the program before completion, the participant is responsible for any expenses incurred. AMS is not responsible for expenses over which it has no control. Due to the environment and physical nature of AMS Courses and Expeditions, participants must be healthy and physically fit. The details on this form are held confidentially and provide AMS with important information to best serve you and ensure a successful experience. Please notify AMS with any changes that occur before the start of your program.

***I have read, understand, and accept the terms and conditions stated above and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation. AMS may also use my name and picture in all promotional materials.***

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

## Health & Insurance Information

Due to the environment and physical nature of AMS Courses and Expeditions, participants must be healthy and physically fit. The details on this form are held confidentially and provides AMS with important information to best serve you and ensure a successful experience. Please notify AMS with any changes that occur before the start of your program.

*I will answer the below questions honestly and to the best of my knowledge.*

Participant's Printed Name \_\_\_\_\_ Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Insurance

*Please explain in detail any questions answered 'yes' below. Please use additional pages if necessary.*

Yes  No Do you have health insurance?

Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_ Agreement No. \_\_\_\_\_

Yes  No Do you have travel, accident, or rescue insurance?  
Rescue insurance is not required within Denali National Park & Preserve.

Company \_\_\_\_\_ Phone \_\_\_\_\_

### Health History

*Please explain in detail any questions answered 'yes' below. Keep in mind that in the mountains your guides and instructors act as your first responders and primary care providers, disclosing medical history will help us advise you before your climb and in the event of an emergency in the field. Please use additional pages if necessary.*

1. Do you currently have any chronic conditions and/or are you under the care of a physician? If yes, please explain.  Yes  No

| Condition | Medication/Dosage | Length of Treatment |
|-----------|-------------------|---------------------|
|           |                   |                     |
|           |                   |                     |
|           |                   |                     |

2. Do you have any allergies to foods, medications, or to anything else that you are aware of? If yes, please explain.  Yes  No

| Allergen | Reaction | Treatment |
|----------|----------|-----------|
|          |          |           |
|          |          |           |
|          |          |           |

3. List all hospitalizations and operations that you have had in the past five 5 years.

| Hospitalization and/or Operation | Date |
|----------------------------------|------|
|                                  |      |
|                                  |      |

4. Have you ever been told by a doctor that you had epilepsy, diabetes, high blood pressure, a heart condition, asthma or respiratory condition, ulcers, colitis or intestinal problems, or any disease? If yes, please explain.  Yes  No

5. Do you have any history of joint injuries or pain? Please provide a history and status on your current condition.  Yes  No

6. Have you ever had Acute Mountain Sickness or Pulmonary/Cerebral Edema? If yes, please explain.  Yes  No

| Symptoms | Mountain/Elevation | What resolved the symptoms? |
|----------|--------------------|-----------------------------|
|          |                    |                             |
|          |                    |                             |

7. During the past five 5 years, have you been diagnosed or treated with/treated for a mental health condition? If yes, please explain.  Yes  No

| Condition/Duration | Treatment/Medication(s) |
|--------------------|-------------------------|
|                    |                         |
|                    |                         |

8. Have you ever experienced frostnip or frostbite? Please explain the severity and when it occurred.  Yes  No

9. Will you have any dietary restrictions during this remote Course or Expedition? If yes, please explain.  Yes  No

10. Do you have any other health concerns, restrictions, or faith-based practices that could affect your participation on this AMS program? Please explain.  Yes  No

# ACKNOWLEDGMENT AND ASSUMPTION OF RISKS AND LIABILITY WAIVER



Alaska Mountaineering School, LLC

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## WARNING

You have requested to engage in an outdoor activity with Alaska Mountaineering School LLC (“AMS”). There are significant elements of risk in any activity associated with outdoor adventures, including but not limited to mountaineering, bicycling, camping, climbing/hiking/trekking, fishing, hunting, skiing, sledding, swimming, wilderness lodges, and the presence or use of animals, watercraft, transportation by aircraft, firearms or other weapons and the use of any related equipment (referred to herein as "activity"). Although we have taken reasonable steps to provide you with appropriate equipment and/or skilled guides so that you can enjoy an activity for which you may not be skilled, we wish to remind you this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of the activity can be causes of loss or damage to your equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks.

*Initials-----* \_\_\_\_\_

## ACKNOWLEDGMENT OF RISKS

I acknowledge that the following describes some, but not all, of those risks: 1) Falling; 2) Cold weather, altitude, and heat related injuries and illnesses such as frostnip, frostbite, heat exhaustion, heat stroke, hypothermia, altitude sickness, and dehydration; 3) An “act of nature” which may include avalanche, rock fall, inclement weather, thunder and lightning, severe and/or varied wind, temperature or weather conditions; 4) River crossings, fordings, portaging, or travel including travel to or from the activity; 5) Risks associated with crossing, climbing or down-climbing of rock, snow, glaciers, and/or ice; 6) Problems caused by equipment failure, operator error, or the unsuitability of personal or rental equipment; 7) Discharge of weapons; 8) Risks typically associated with watercraft including change in waterflow or current; submerged, semi-submerged, and overhanging objects; capsizing, swamping, or sinking of watercraft and resultant injury, hypothermia, or drowning; 9) Risks associated with my sense of balance, physical condition and coordination, and ability to follow instructions; 10) Attack by or encounter with insects, reptiles, or animals; 11) Accidents or illnesses 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) Illness, including viral or bacterial infection, caused by exposure to contaminated or infectious individuals, air, food, or materials; 14) Risks associated with travel by small aircraft, including risk of crash or collision.

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

*Initials-----* \_\_\_\_\_

## EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY

I am aware that this activity entails risks of injury or death to myself and minor children for which I may be responsible. I agree to assume responsibility for the risks identified herein and those risks not specifically identified. My/Our participation in this activity is purely voluntary. No one is forcing me/us to participate and I/we elect to participate in spite of the risks. I am (We are) physically and mentally capable of participating in the activity and/or safely using the equipment. I accept that wearing a U.S. Coast Guard (USCG) approved personal flotation device for waterborne activities is a basic safety precaution and assume full responsibility for the risks of personal injury, accidents, illness, or death, including but not limited to the risks described and acknowledged above. I also assume responsibility for damage to or loss of my/our personal property as the result of any accident that may occur.

*Initials-----* \_\_\_\_\_

**PERSONAL RESPONSIBILITY**

I understand that it is my responsibility to select a program appropriate to my physical abilities, mental preparedness, and interests and that I am responsible for being in sufficiently good mental and physical health to undertake the program. I understand that I am responsible for studying all pre-departure information, for asking any clarifying questions, for bringing all the clothing and equipment included on the program's equipment list, for conforming to standards of personal hygiene to minimize the risk of illness to myself and fellow program members, for fulfilling responsibilities and training as outlined in the program information and as directed by AMS, and for acting in a manner considerate of fellow program members and the cultures and natural regions visited. I understand and agree that if, in the opinion of AMS and/or AMS guides and instructors, I fail to fulfill these obligations, AMS may terminate my participation in the program without refund. I understand that if I lose or damage AMS equipment while on the program, beyond normal wear and tear, I am responsible for replacing it at full MSRP value. I understand that these conditions are set forth to protect the safety, health, integrity, and success of the course or expedition.

*Initials-----* \_\_\_\_\_

**COVENANT OF GOOD FAITH**

I recognize that you, as a provider of goods and/or services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to force majeure, forces of nature, medical necessities or other problems; and/or refuse or terminate the participation of any person for the safety of myself and/or other participants. I accept your right to take these actions for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with respect to achieving objectives.

*Initials-----* \_\_\_\_\_

**AUTHORIZATION AND RELEASE OF LIABILITY**

I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. In consideration of the services of Alaska Mountaineering School, LLC, their officers, agents, employees, members and stockholders, and all other persons or entities associated with those businesses, I agree as follows:

"I certify that I am fully capable of participating in this activity both physically and mentally. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death, 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/our and AMS's negligence in participating in this activity. I expressly release, discharge, and agree to hold harmless and indemnify AMS from any liability, claims, demands, actions or rights of actions which are related to, arise out of, or are in any way connected with my participation in this activity or my transportation to/from the activity, including specifically but not limited to, the acts or omissions of AMS and all other persons or entities, including negligent acts or omissions (but excluding gross negligence, recklessness, or willful misconduct), for any and all injury, death, illness or disease, and damage to myself or to my property. I will reimburse AMS for any damages, reasonable settlements, and defense costs, including attorney's fees, incurred because of any such claims made against it."

If the activities I am participating in are on land owned by the United States government, the undersigned further waives liability of the United States and acknowledges and agrees that the United States and its officers and employees are fully released from any liability for injuries, damages, or losses that the undersigned sustains as a result of or in connection with the undersigned's participation in this activity.

*Initials-----* \_\_\_\_\_

**I have read the foregoing acknowledgment of risks and assumption of risk and responsibility.**

Participant's Name

(printed): \_\_\_\_\_

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

In an emergency, notify (print):

\_\_\_\_\_

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

List known allergies to medications, plants, or insects:

\_\_\_\_\_  
\_\_\_\_\_

Advise if under a doctor's care or using any prescription medications:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Guardian (if the participant is under 18 years of age):

\_\_\_\_\_

Parent/Guardian Name (printed):

\_\_\_\_\_