



BOOKING & REGISTRATION FORM

PLEASE PRINT CLEARLY, USING A BLACK PEN. PLEASE ANSWER ALL QUESTIONS. SIGN/INITIAL WHERE INDICATED AND RETURN ALL 5 COMPLETED PAGES TO US –

PLEASE SCAN AND EMAIL TO everest@adventuredynamics.co.za. DO NOT SIGN THIS FORM WITHOUT READING IT CAREFULLY. IF YOU DO NOT UNDERSTAND IT OR HAVE ANY QUESTIONS, PLEASE INQUIRE.

Title: Mr/Mrs/Ms/Dr (please circle)

T-shirt size: S M L XL XXL (Please circle)

Surname: _____

First Names(as in passport): _____

Tel: _____ Fax: _____

Cell: _____ Email: _____

Residential Address: _____
_____ Code _____

(physical, not box number please)

Employer: _____ Occupation: _____

Birth Date: _____ ID Number: _____

EXPEDITION: _____

Departure Date: _____ Return Date: _____

Passport Number/Nationality: _____ \\ _____

Passport Issue Date / Expiry date: _____ \\ _____

TEMPORARY PASSPORTS ARE NOT ACCEPTED. YOU MUST ALSO HAVE AT LEAST 2 CLEAN PAGES IN YOUR PASSPORT, WHICH MUST BE VALID FOR 6 MONTHS AFTER RETURN DATE.

NB: PLEASE SCAN AND EMAIL TO US SEPARATELY A COPY OF YOUR PASSPORT IN PDF FORMAT

Have you ever been to the expedition Country before? YES / NO If yes, number of times
_____ Date of last visit _____

Do you have any special **dietary requirements**? _____

Will you require **Travel Insurance** YES / NO Will you need to **hire equipment**? YES / NO
(please circle) (please circle)

PLEASE COMPLETE ALL PAGES

IMPORTANT:

I understand the dangers of climbing and related altitude sickness. I have read & signed the indemnity and have read the terms and conditions of the expedition and I hereby agree to be bound by ADI's terms and conditions of contract and the provision in the indemnity and waiver. I have also read the Expedition Information booklet supplied and have a doctor's certificate of good health.

Full Name _____

Signature _____ Signature of guardian _____
(if under 18 years old)

Local contact in case of emergency _____

Tel _____ Fax _____ Relationship _____

Self-assessed fitness / readiness for trip:

Height: (cm):

Weight (kg)

Resting heart rate:

Evaluate your general health: poor average good excellent (please circle)

Evaluate your fitness: poor average good excellent (please circle)

Self-assessed questions	YES	NO	Details
Do you feel you are physically prepared (or will be before commencement? For the trip that you are planning to undertake?			
Do you have any medical illnesses, infirmities, disabilities that require the regular care of a doctor?			
Do you have allergies to food? Bites? stings? drugs?			
Are you allergic to penicillin? Or Sulpha-based drugs?			
List the medications you are taking currently, and the dosages?			
Have you been hospitalised or had surgery in the last 5 years?			
Do you have any heart or respiratory problems?			
Are you a diabetic?			
Do you suffer from epilepsy or seizures of any kind?			
Do you have any physical or mental limitations that might preclude you from this trip?			
Female participants: Are you pregnant?			
Have you suffered from Altitude Sickness (HAPE/HACE/AMS) before?			
If YES, give brief details of when and where.			
Do you smoke? If yes, how many?			

Signature _____

Adventure Dynamics International

RECOGNITION OF HAZARDS, ASSUMPTION OF RISK, & RELEASE FROM RESPONSIBILITY & LIABILITY

PURPOSE OF THIS FORM:

1. "ADI" means Mountain Logistics cc T/A Adventure Dynamics International, its members, officers, instructors, guides, employees, medical advisors and agents.
2. This is an agreement to comprehensively waive, release and indemnify and hold harmless ADI from any claims arising out of your participation in one or more of ADI's climbing or adventure programs, expeditions and / or climbs organised by ADI and attempted by you.
3. This forms makes your assumption of risk complete and your waiver and release of ADI from liability comprehensive. It applies to all your activity with and related to an ADI program or expedition, including instruction; practice climbing; hiking; skiing; caving; abseiling; snow shoeing; belaying; ascending; descending and traversing terrain; glacier traversing, avalanches, accident, cancellation of expedition for weather or any other reason as well as the negligent act or omission of ADI, employees, guide contractors and sub-contractors and of you, 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.
4. I understand the above description and that this form is a comprehensive release of all claims I might have against ADI.

RECOGNITION OF HAZARDS:

5. All ADI expeditions involve hazards and the risk of injury and / or death. Your expedition will involve hazards that may include the movement or fall of rock, snow, ice and water, none of which can be controlled or accurately predicted. There is always the possibility of rapid weather deterioration with rain and snow and sub-freezing temperatures, avalanches and crevasses.
6. There are additional risks involved in your climbing because of the potential of falling and being injured. Especially in rugged terrain or in any terrain with crampons on and / or an ice axe in hand, even a slip or a short fall can cause injury.
7. 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 and the negligent act or omission of you and your guide and fellow expedition members.
8. Because this is a physically intensive sport, it includes the possibility of exercise-induced injuries, including but not limited to fracture, sprain, dislocation, muscle pull, altitude sickness, and 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.
9. 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 or 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.
10. I understand recognise that there is a significant element of danger and risk in participating in and joining an ADI expedition and climbing. I accept and assume those risks including the cost of evacuation or mountain rescue and medical treatment where necessary. Knowing the inherent dangers and risks involved in this activity, I confirm 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 my family, and myself including any minor children, for bodily injury, death, loss of personal property, and expenses thereof and hereby indemnify and hold ADI harmless in respect thereof.

Signature _____

11. In the event that injury, or illness renders me unconscious or if I am otherwise unable to make judgements or decisions on my own about whether to accept first aid treatment, I hereby authorise my guide, instructor, and other ADI personnel to administer first aid without the supervision of a physician and according to their own judgement, 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. I confirm that I have assumed all risks and release, indemnify and hold ADI harmless 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 or the cancellation thereof by ADI for any reason. I hereby voluntarily release, hold harmless, and fully indemnify ADI 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.
12. I understand that ADI acts not as an agent but only as co-ordinator between myself and the companies providing transportation, accommodation, guiding and other services used in conjunction with my program, and that all these services are subject to these terms and conditions and also the terms and conditions set by the other service companies. In accepting such services I agree that ADI 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 or the cancellation or withholding of those services on account of weather conditions or for any reason.

Signature: _____

RECOGNITION OF HAZARDS, ASSUMPTION OF RISK, & RELEASE FROM RESPONSIBILITY & LIABILITY
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GENERAL TERMS AND CONDITIONS:

13. **HOW TO BOOK:** On deciding to attend, a booking form will be sent to you. You are required to sign and return this to ADI. The person signing the booking form does so on behalf of himself or herself. These persons are hereafter known as clients.
14. All bookings are made with ADI. They are accepted after receipt by Adventure Dynamics of the returned and signed booking and this signed ADI Terms & Conditions and payment of the deposit required. Confirmation will be given on payment of the required deposit. The deposit is non-refundable.
15. The balance must be received not later than 6 weeks before departure unless otherwise stipulated and where payment is to be made in foreign currency because it is in respect of a service provider whose price is in foreign currency it should be paid at the banks selling rate of exchange of the day as required by ADI. If cancellation takes place before 4 weeks prior to departure then the only charge is the deposit, unless any expenses have been incurred by ADI, or bookings made and for which payment has been made. If cancellation takes place during the four weeks prior to departure, and provided that international bookings have not been paid up by ADI in part, or full, then 50% of the balance, excluding deposit is refundable. If cancellation takes place 2 weeks prior to departure no amount is refundable to you and ADI recommends that you have insurance to cover this risk.
16. ADI will make every effort to accommodate requested dates for expeditions but should the required number of participants not be confirmed for a trip then the expedition may be re-scheduled or will continue as scheduled without an ADI guide and groups may also be combined to make up the required numbers at a date to be agreed.
17. If any expedition has to be delayed or altered because of weather considerations, trail, river or road conditions, ice, or snow conditions, including flood, avalanche or landslide, flight delays, government intervention, guide problems, contractor problems, passport problems including unexpected additional charges, sickness or other contingency, then ADI's increased cost of the delay is not included and you shall remain liable for payment of the increased costs subject to your rights to a refund of your deposit in Section B above.

18. While ADI will use its best endeavours for your comfort and enjoyment, it reserves the right at any time to alter or cancel without prior notice the tour, itinerary, travel arrangements or accommodation if affected by unforeseen circumstances such as personal matters, war, political matters, strikes, riots, religious matters or force majeure, in which case no liability shall fall on ADI.

Signature _____

19. All baggage and personal effects are at all times at your risk and where applicable your personal travel arrangements. Cost of travel where applicable and cost of excess baggage is for the clients account.
20. The ADI expedition leader has the right to exclude you from the tour, trek, climb, course or expedition or any part thereof at any time if he feels it is in your best interest or wellbeing or other members of the party to do so.
21. It is understood by you that travel in remote areas and in mountainous terrain requires you to assume responsibility for their own fitness and well-being, including any personal medication, medical insurance and evacuation insurance.
22. If you have any special dietary requirements please communicate them to ADI. ADI will try and accommodate your dietary requirements but cannot guarantee that it will be able to do so and recommends that you plan and make provisions accordingly.
23. If ADI incurs attorney's fees or costs to enforce this agreement (whether or not suit is brought), you agree that ADI shall be entitled to recover from me all such fees and costs.
24. You 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.
25. 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). The laws of South Africa shall govern any such action.
26. ADI, whilst making every effort to absorb unexpected additional costs created by outside factors such as increased permit charges or currency exchange rates or surcharges and ticket change fees introduced by airlines, reserves the right to claim any such surcharge from you.
27. ADI reserves the right to require you to produce an authoritative medical certificate from a registered medical practitioner that you are fit and capable of participating in the expedition.

Signature: _____

Date: _____