

VERTICAL WORLD ADVENTURES
45 Richmond Ave Worcester MA 01602
(508) 344 - 6776

REGISTRATION (revised 9/20/00)

Please Print

Name _____ Street Address _____

City _____ State _____ Zip _____

Telephone (H) _____ (W) _____ Email _____

Trip Title _____ Trip Date(s) _____ Trip Location _____

MEDICAL DISCLOSURE

THE FOLLOWING INFORMATION MAY BE HELPFUL IN THE UNLIKELY EVENT OF AN ACCIDENT OR MEDICAL EMERGENCY. PLEASE INDICATE IF YOU HAVE ANY MEDICAL COMPLICATIONS, AS LISTED BELOW OR OTHER. ALSO LIST ANY AND ALL CURRENT PRESCRIPTIONS AND NON-PRESCRIPTION MEDICATION (CIRCLE AND SPECIFY).

Date of Birth _____ Gender (circle) M F Weight _____

Asthma

Heart/Lung Condition

Allergies - Bees

Diabetes

- Food

Epilepsy

- Medications

Muscular/Bone Injury

- Other

Recent Exposure to colds, flu, chicken pox
or other contagious illness

Describe Condition(s) _____

List Medication(s) _____

In the event of an emergency I am covered by _____ Policy # _____

Emergency/Family Contact _____ Day phone # _____ Eve # _____

Doctor's name _____ Office phone # _____

PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

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

1. I acknowledge that my participation in rock and/or ice climbing or mountaineering, entails known and unanticipated risks which 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 rock fall, 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 crevasse; the risk 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, VWA guides 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, the elements or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all risks existing in this activity. My participation 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 VWA 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 VWA's equipment or facilities, including any such Claims which allege negligent acts or omissions of VWA.

4. Should VWA 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 conditions I may have.

6. In the event that I file a lawsuit against VWA, I agree to do so solely in the state of Massachusetts, 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.

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 VWA 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: _____ Printed Name: _____
Address: _____
Phone: _____ 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 VWA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless VWA 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: _____