



## Application Package

The following questionnaire will help our team to prepare for your safety on the trip.

This information will be kept confidential

### **Personal Information**

Last Name
First Name
Company Name
Address
City
Prov./State/Country
Postal Code
Phone
Email
Occupation
Date of birth

Person to notify in the event of an emergency:

Name:
Phone:
Relationship:
Family Doctor:

Where did you hear about Corporate Mountain Culture?

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Please provide us with a brief description of your outdoor background:


Please provide us with a brief description of your fitness level:

very fit	fit	moderately fit	unfit
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Have you ever participated in a hiking or backpacking program?

Yes       No

If yes, what level difficulty was it and where?

## Health Information

### 1.0. Physical condition:

1.1. Known allergies?

1.2. Date of last Tetanus inoculation or booster:

1.3. Are you on medication? (prescription or non-prescription)?

If yes, please specify

1.4. Have you been under a doctor's care in the last 12 months?

If yes, please specify

1.5. Weight/Height

\_\_\_\_\_ lb./kg      \_\_\_\_\_ feet/m

### 2.0. Chronic disability or illness: (Please list appropriate)

(high blood pressure, heart condition, epilepsy, diabetes, susceptibility to colds, headaches, nosebleeds, fainting, asthma, hay fever, emphysema, or others)

### 3.0. History of joint injury: (Please describe and specify which joints)

(Tendonitis, bursitis, sprain, dislocation or others)

### 4.0. Eyesight:

Excellent      Good      Fair      Poor  
Glasses      Contact Lenses

It is recommended that if you are dependent upon glasses or contact lenses for adequate vision, a spare set of glasses be brought with you on the trip.





**5.0. Do you have any physical limitations?**

**6.0. Do you feel that you have any psychological limitations?**

e.g., fear of water, fear of heights, etc.

Please explain:

**7.0. Do you have any food related limitation?**

e.g., wheat intolerance, peanut allergy, yeast infections, etc.

Please explain:





## WAIVER, ASSUMPTION OF RISK & INDEMNITY AGREEMENT – PLEASE READ CAREFULLY

If any of the above information changes during the course of the trip. I, the undersigned will inform the instructors so that the changes can be recorded.

**WARNING:** By signing this agreement, you give up the right to sue for any injury or damage howsoever caused

**To:** Newman & Grigg Psychological and Consulting Services and employees, representatives, officers and agents Kootenay Mountain Holidays Inc.. and employees, representatives, officers and agents.

I hereby sign this agreement on behalf of myself, my personal, representatives, heirs and assigns.

1. I agree as a precondition to my participation in hiking, biking, climbing, mountaineering, and related activities organized and conducted by Kootenay Mountain Holidays Inc., Newman & Grigg Psychological and Consulting Services, and/or their employees, and in Kootenay Mountain Holidays Inc., Newman & Grigg Psychological and Consulting Services allowing me to do so, to strictly bound by the terms of this waiver, Assumption of Risk and Indemnity Agreement (hereinafter) referred to as “ This Agreement” .
2. I acknowledge that hiking, biking, and related activities involve INHERENT RISK that may cause serious injury and possibly death to participants. I further recognize that hiking, biking, and related activities involve ADDITIONAL RISKS AND DANGER.
2. I fully understand the risks and dangers associated with my participation in hiking, biking, kayaking, and related activities and ACCEPT THEM ENTIRELY AT MY OWN RISK.
3. I hereby WAIVE ANY AND ALL CLAIMS, which I may have against Kootenay Mountain Holidays Inc. and Newman & Grigg Psychological and Consulting Services and Kootenay Mountain Holidays Inc. and Newman & Grigg Psychological and Consulting Services employees and RELEASE Kootenay Mountain Holidays Inc. and Newman & Grigg Psychological and Consulting Services and their employees from ALL LIABILITY for injury, death, property damage or any other loss sustained by me as a result of my participation in these hiking, biking, and related activities, DUE TO ANY CAUSE WHATSOEVER including, without limitation, negligence on the part of Kootenay Mountain Holidays Inc. and Newman & Grigg Psychological and Consulting Services and their employees. I further AGREE TO INDEMNIFY Kootenay Mountain Holidays Inc. and Newman & Grigg Psychological and Consulting Services and their Employees for any and all legal fees (on a solicitor and his own client basis) or costs which may be incurred in defending any lawsuit or claim I may bring against them.
4. I appreciate that this Agreement applies whether Kootenay Mountain Holidays Inc. and Newman & Grigg Psychological and Consulting Services are at fault or not and it limits the liability of Kootenay Mountain Holidays Inc., Newman & Grigg Psychological and Consulting Services and their employees to the same extent as it limits the liability of Kootenay Mountain Holidays Inc., and Newman & Grigg Psychological and Consulting Services even though Kootenay Mountain Holidays Inc., and Newman & Grigg Psychological and Consulting Services and their employees are not formal parties to this Agreement.
5. I understand that Kootenay Mountain Holidays Inc., and Newman & Grigg Psychological and Consulting Services securing execution of this Agreement by myself, is acting as agent or trustee on behalf of or for the benefit Kootenay Mountain Holidays Inc., and Newman & Grigg Psychological and Consulting Services and their employee, who shall to this extent be or be deemed to be parties to this agreement.





**Liability**

Our clients should be aware that there is always an element of risk in outdoor activities. Kootenay Mountain Holidays Inc., and Newman & Grigg Psychological and Consulting Services assumes no responsibility whatsoever for your personal safety or for damage to or loss of your equipment on any of our trips. Any medical and evacuation costs incurred as part of the trip are the responsibility of the client. Every participant is required to complete and sign the enclosed application form and waiver prior to the trip.

**Insurance**

Because of unforeseeable circumstances, we strongly recommend that participants have travel insurance, which covers medical bills, evacuation costs and trip cancellation costs. Also, be sure that your personal belongings are insured for damage, loss and theft.

**Booking Policy**

Please download and fill out our registration form and fax it back to 250-353-7122. We require full payment to register you for your course.

**Cancellation**

Should you have to cancel 60 days prior to program, Cdn\$ 100.00 are non-refundable to cover our reservation costs. The remainder of the deposit and any balance paid on the trip fee is refundable up to 60 days before departure. Should the cancellation be later than 60 days, the complete fee is non-refundable.

If we can not complete the program, which you have reserved, due to weather or any other reasons beyond our control, we will find an alternative program. If we can not offer an alternative program, due to any reasons beyond our control, there will be no refund.

Kootenay Mountain Holidays Inc., Newman & Grigg Psychological and Consulting Services also reserves the right to change any programs if necessary in order to ensure safety and the well-being of our guests.

Kootenay Mountain Holidays Inc., Newman & Grigg Psychological and Consulting Services reserves the right to cancel any one's participation on a program if it will influence the program and/or the participants in an unsafe way. No refund will be issued.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT. I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE KOOTENAY MOUNTAIN HOLIDAYS INC., Newman & Grigg Psychological and Consulting Services AND THEIR EMPLOYEES AND A RELEASE AND INDEMNITY FOR ALL CLAIMS.**

At Home:

When you arrive: Do Not sign prior

\_\_\_\_\_  
1. Date                      Signature of participant

\_\_\_\_\_  
2. Date                      Signature of participant

\_\_\_\_\_  
1. Date                      Signature of witness

\_\_\_\_\_  
2. Date                      Signature of witness

