



WHITNEY CLASSIC REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Email: _____

T-Shirt Sizes: (1 T-shirt per rider and 1 per SAG team included in registration fee)

S M L XL XXL

Registration fee must accompany entry.

Registration fees:

	Before July 1	After July 2
Single Rider	\$35	\$75
Tandem	\$55	\$125
Team	\$35+\$20/rider	\$75+\$50/rider

Rider Packet:

_____ E-mail me a packet at: _____

_____ 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

If you will be riding with a team or riding tandem please indicate your team name and team members names below:

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 as "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 my participation in hiking, camping, backpacking, rock climbing, rappelling, mountaineering and/or other outdoor adventure based activities 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: slips and falls; falling objects; the hazards of walking on uneven terrain; exhaustion; exposure to temperature and weather extremes which could cause: cold shock, hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; being struck by rock fall or other objects dislodged or thrown from above; the forces of nature, including lightning, weather changes and avalanche; the risks of falling off the rock, mountain or into a crevasse; limited visibility; water hazards; the use of climbing ropes and equipment; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards; accidental drowning; collision with fixed or movable objects; the risk of altitude and cold including hypothermia, frostbite, acute mountain sickness, cerebral and pulmonary edema; travel in remote areas with poor or no access to emergency and/or medical services; consumption of food or drink; and improper lifting or carrying; 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 or fail.

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 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 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 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 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 FORM

The following information is requested in order to ensure the safety and welfare of participants in the Whitney Classic. The information will be used only for staff awareness and preparation. It will not be shared with third parties except as required in the unlikely event of a medical emergency.

Please indicate whether you now or have ever had any of the following:

Asthma, COPD, or other respiratory condition.....	YES	NO
Angina, Arrhythmias, Heart Attack, or other heart disease.....	YES	NO
Uncontrolled Hypertension (high blood pressure).....	YES	NO
Seizures or other sudden loss of consciousness.....	YES	NO
Insulin-requiring Diabetes.....	YES	NO
Heat Stroke, Heat Exhaustion, or other heat intolerance.....	YES	NO
Frostbite or other cold-related injury.....	YES	NO
Night Blindness.....	YES	NO
Vertigo, Disorientation, or unexplained Dizziness.....	YES	NO
Severe allergic reactions to Bees, Foods, or other.....	YES	NO
Special Dietary Restrictions.....	YES	NO
Chronic joint pains.....	YES	NO
Migraine Headaches.....	YES	NO
Mental or Behavioral Disorders we should know about.....	YES	NO

Please elaborate on any of the above as appropriate.

Please describe any other condition we should know about.

Blood Type: _____ **Medication Allergies:** _____

Currently prescribed (and recently stopped) Medications:

I would rate my overall health as (circle one): excellent - good - fair - poor.

**** Please check the expiration date of any emergency medications you have been prescribed, such as inhalers, nitroglycerin, or epinephrine. Be sure to bring them with you and keep them on your person at all times during the event. ****

Thank you for helping us to have another safe and wonderful Whitney Classic!