

Mailing Address:
P.O. Box 3242
Durango, CO 81302



Physical Address:
26044 Highway 550
Durango, CO 81301

Instructions: Please fill out all sections completely. Read and sign the liability release section. **Forms can be faxed to (866) 548-1157** Questions? Call **(970)259-0370** or email **info@swaguides.com**

NAME(S):	Age(s):	How did you hear about us?
ADDRESS:		
CITY:	STATE:	ZIP CODE:
H PHONE: ()	CELL PHONE: ()	
EMAIL:		

RESERVATION & CANCELLATION POLICY

For a reservation of **more than one day or more than 4 people** a 50% deposit is required. The balance will be due on the first day of the course or trip. **Cancellation must be made 45 days before** first day of trip or course, otherwise your deposit will be forfeited. You can apply your trip deposit or fee toward a future trip or course that takes place within one year for a 15% fee. No credits or refunds for no shows or those leaving early. You are responsible for all equipment issued to you by Southwest Adventure Guides LLC. If equipment is lost or damaged you are responsible for the replacement cost of that equipment.

Signature:

Date:

TRIP TYPE

**Instructions: Please write which trip you are signing up for in the space provided.*

Trip/Course:

Program Dates:

Program Location:

Private?:

Yes

No

Other Trip Details:

Equipment Needs:

FAX TO: (866) 548 - 1157

This is an application for membership and participation in a domestic trip or course conducted by Southwest Adventure Guides LLC. It's purpose is to generally assess the applicants qualification to participate in the trip. We need your medical history on file to help the trip leader make informed judgments in the event of illness or injury during the trip. **ALL INFORMATION IS CONFIDENTIAL.** If more space is necessary please attach additional sheets.

General Information

Why did you choose this course or trip?

Please describe your climbing, skiing, and/or backpacking experience.

List your most important climbs or expeditions.

Medical History

When was your last physical examination?

Do you have any physical or mental conditions that could effect your performance on this expedition?
If so, what are they?

Do you have allergic reactions to anything (medicines, food, insect bites)? If so, what?

What medications will you be taking with you?

Do you have any pre-existing medical conditions? If so, what are they?

Have you had any previous injuries? If so, list them:

Have you had any previous vaccinations? If so, please list them with the dates of vaccination in the last ten years*:

I HAVE ANSWERED THE ABOVE QUESTIONS CORRECTLY AND TO THE BEST OF MY KNOWLEDGE.

SIGNATURE:

DATE:

EMERGENCY CONTACT:

RELATIONSHIP:

HOME PHONE:

CELL PHONE:

**THIS IS A RELEASE OF LIABILITY
UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED**

I, HEREBY ACKNOWLEDGE that I have voluntarily applied to participate in the sport of mountain biking, hiking, backpacking, mountaineering, rock and/or ice climbing with Southwest Adventure Guides LLC.

I UNDERSTAND THAT THE ACTIVITY OF hiking, backpacking, mountaineering, backcountry skiing, rock /or ice climbing, and mountain biking and all other hazards and exposures connected with the activities conducted in the outdoors DO INVOLVE RISK. I am also aware of the risks and dangers, including loss of control, collisions with other participants, trees, rocks, and other man made or natural obstacles, whether they are obvious or not obvious inherent with the activities that I and /or my family, including any minor children, are contracting for, and are fully capable of participating in those activities and willingly assume the risk of injury as my responsibility.

I also understand and agree that activities associated with, but not limited to, camping, rock climbing, ice climbing, mountain climbing, rappelling, mountain biking, backpacking, fishing, wilderness travel and living in the outdoors INVOLVE THE RISK of bodily injury, death or loss of personal property. Any and all expenses thereof as a result of my negligence or the negligence of my family participating in any scheduled or unscheduled activities are my responsibility. I also state and acknowledge that immersion in water, hypothermia (rapid and medically serious loss of body temperature), exposure to temperature extremes, inclement weather and accidents or illness can occur in remote places without medical facilities, physician or surgeon.

IN CONSIDERATION of and as a part payment for the right to participate in the activities associated with Southwest Adventure Guides LLC and any other activities including the services of food that may be arranged for me and/or my family by Southwest Adventure Guides LLC and its agents and associations, I do hereby agree that myself and my family (including minor children) are in good health with no physical defects or impairments that might be injurious to me or others and that myself and my family are able to handle the hazards of travel, mountain weather conditions, exposure to plants and animals, walking, changes in elevation and any and all similar conditions associated with the activities scheduled or associated with our outdoor adventure. I understand that any route or activity, chosen as a part of our outdoor adventure, has been chosen for its interest and challenge.

As lawful consideration for being permitted by Southwest Adventure Guides LLC to participate in the activities, I do hereby release Southwest Adventure Guides LLC from any and all liability of whatever nature. I further hereby release the United States Forest Service, Bureau of Land Management or any government agency, along with Southwest Adventure Guides LLC, who's property may be utilized, and any and all of their officers, members, organizations, agents and employees for any and all injury or death caused by or resulting from my participation in the activities provided by Southwest Adventure Guides LLC from any and all liability of whatever nature or cause.

Further I expressly agree not to sue, and to waive any claim against or to attach the property of or prosecute Southwest Adventure Guides LLC, the United States Forest Service or, Bureau of Land Management any state or local government agency, any and all of their officers, members, affiliated organizations, agents and employees for any injury or death caused by or resulting from my participation in the activities associated with Southwest Adventure Guides LLC.

I agree to defend, indemnify, and hold harmless, Southwest Adventure Guides LLC, the United States Forest Services and Bureau of Land Management, any and all state or government agencies who's property the activities may be conducted on, and any of their officers, members, affiliated organizations, agents and employees for any injury or death caused by or resulting from me or my family's participation in the activities associated with Southwest Adventure Guides LLC.

This contract shall be legally binding upon me, my heirs, my estate, assigns, legal guardians and my personal representatives. Any action which may arise by virtue of this release or from my participation in the activities conducted by Southwest Adventure Guides LLC shall be governed in accordance with the laws of the state of Colorado.

I have carefully read the agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have and I enter into this contract in behalf of myself and/or my family of my own free will.

THIS IS A RELEASE OF LIABILITY

Print name	Signature	Date
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FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X Parent/Guardian Signature	Date	Emergency Phone Number(s)
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TRIP PAYMENT INFORMATION

Your Name:

Trip Name:

Date(s):

of People:

- 1) Trip Total..... _____
- 2) Deposit Paid..... _____
- 3) Trip Balance (#1 - #2)..... _____
- 4) Rental Charge..... _____
- 5) Federal Land Use Tax (3% X #1)..... _____
- 6) CORSAR Card \$3..... _____
- Total Due (#3-6)..... _____**

Credit Card Information: *please make sure that the billing address matches the card you are using.		
CC#:		
Name on card:		
Expiration date:	VCode:	
Billing Address:		
City:	State:	Zip:

Deposit Paid by: CASH CC CHECK#

Balance Paid by: CASH CC CHECK#

TRAVEL INFORMATION

Hotel or Campground:

Phone:

Rm #:

Flight#:

Arrival Date/Time:

Departure Date/Time:

Will you be renting a car? YES NO NOT APPLICABLE

