

Outdoor Link, llc

2635 Highland Drive, Bishop, CA 93514, 760-920-0774

e-mail: todd@outdoorlink.org, www.outdoorlink.org

Registration Form - Please complete both sides

Many of our programs take place in remote settings where rescue is difficult and definitive medical care is far away. Additionally, most of our outings require a high level of physical activity for a considerable length of time. We use the information on this form to help you sign up for an appropriate program and to facilitate treatment should a problem arise. Thank you for taking the time to thoroughly answer all questions on this form. If we have any question about your ability to safely complete a program we will call and discuss the issue with you. You may be asked to consult a physician. Please understand that this form is used for all our programs regardless of length. Some of these questions may be less pertinent for your program. All information on this form is kept confidential.

Name:	Height and weight:
	Date of birth:

Day phone:	Alternate phone:
------------	------------------

Address:

E-mail address:

Name and dates of the program you are signing up for:

Who should we contact in event of an emergency?:

What are their day and evening phone #'s? d: e:

If it's a program where food is provided, do you have any special dietary needs or requests?

Physician's name:	Physician's phone:
-------------------	--------------------

Your health insurance company and policy #:

Please describe your physical conditioning program, if any:

Please describe your level of physical conditioning:

We do not provide rescue or medical insurance.

Medical History: do you now have, or have you had within the past two years, any of the following conditions: If you answer "yes" to any of the questions below please explain on the back of the page.

Condition	Yes	No	Condition	Yes	No
Altitude illness			Diagnosed mental illness		
Broken bones			Severe anxiety or depression		
Severe sprains			High blood pressure		
Shoulder or neck problem			Heart disease		
Back problem			Seizure disorder		
Foot or ankle problem			Asthma		
Leg or knee problem			Diabetes		
Arm/hand problem			Chronic headaches		
Intestinal problem			Shortness of breath		
Urinary tract problem			Chest pain		
Heat or cold intolerance			Hospitalization in past year		
Uncorrected vision or hearing impairment			Women only: are you currently pregnant?		
Are you allergic to any foods, insect bites, or medications? If yes, please explain on the back what you are allergic to, the reaction, and treatment required.					
Are you currently taking any prescription medications? If yes, please list medication and dosage on the back of this page.					
Do you have any other condition that could affect your performance during physical activity, including your ability to hike, scramble, or lift heavy items? Please elaborate on any "yes" response from above on the back of the form.					

Please sign below

The information I have provided on both sides of this form is true and accurate to the best of my knowledge. I have read the deposit and cancellation policy, understand it and agree to its terms. I am aware of travel insurance and Outdoor Link's recommendation that I obtain it.

Participant signature:

Date:

Parent/guardian signature if participant is under age of 18: Date:

Important! Please read our Cancellation and Deposit Policy:

The following applies only to programs for individuals; for schools and other groups the deposit and cancellation arrangements are made by contract

Deposits and Reservations: your reservation is secured with a 50% deposit and the balance is due prior to the start of the program. A 25% deposit will secure your dates if you are booking more than three months in advance, with a second 25% deposit due 60 days before the program. We accept the usual forms of payment.

Cancellation Policy: If you must cancel, for any reason, with thirty or more days notice you may cancel your dates for a full refund minus a \$50 fee per person. With fourteen to thirty days notice of cancellation prior to the start date of the trip you are liable for 50% of the program fee and with less than fourteen days notice you are responsible for the entire program fee.

Program rescheduling: with more than thirty days notice you may reschedule your trip dates with no charge. With fourteen to thirty days notice of rescheduling you can change your dates if our schedule permits, with no charge. If our schedule does not permit the change you may keep your original dates or cancel as stated above. Schedule changes are not possible with less than fourteen days notice and we treat such cases as a cancellation. We will only reschedule for the same calendar year.

If conditions or circumstances preclude running a scheduled program we reserve the right to make the decision as to whether the program will be cancelled, rescheduled, or an alternative provided. In the extremely rare circumstance where we need to cancel a program you can re-schedule without a penalty or receive a refund. If circumstances arise that force us to cancel a program that is already in progress we reserve the right to decide whether a credit at a prorated rate or suitable alternative to the program will be issued. We are not responsible for cancellation fees or costs arising from your changed or cancelled flights, lodging, or other arrangements.

We strongly encourage you to obtain trip cancellation insurance as we will not be held liable for trip cancellations in accordance with the terms of our policy above! Travel insurance is widely available for a minimal fee. Vendors include Travelguard.com and Insuremytrip.com which both have easy to use websites.

Please describe in detail any “yes” answers from the other side of the form: