

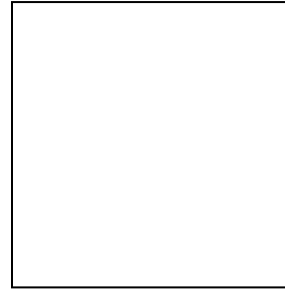
High Adventure Expeditions LLC

Five Peaks Expedition Application Form

Name _____

Email Address _____

Phone _____



Please attach passport sized photo here

Date of Birth _____

Address _____

City _____ Zip/Post Code _____

Country _____

Nationality _____

Passport:

Number _____

Expiration _____

Issued By _____

Occupation _____

Emergency Contact Information

Emergency Contact Name _____ Relationship _____

Phone _____ Email _____

High Adventure Expeditions LLC

Medical Information

Name _____ Date of Birth _____

Height _____ Weight _____

High altitude trekking and climbing are both very strenuous activities. They should only be undertaken by strong, fit, healthy individuals. Please consult with your doctor about participating in this adventure and ensure that you have his/her approval.

Have you ever had any of the following (please circle)? If you answer Yes, please explain below, or attach a separate sheet.

Asthma	Yes	No	Allergies	Yes	No	Seizures	Yes	No
Heart Disease	Yes	No	Diabetes	Yes	No	High BP	Yes	No
Frostbite	Yes	No	Migraines	Yes	No	Pulmonary Edema	Yes	No
Stroke	Yes	No	Knee Problems	Yes	No	Back Problems	Yes	No

Do you use tobacco? Yes No If Yes, explain: _____

Please list any medications you are taking: _____

Have you ever had any injuries or operations that limited your activities?

I attest that the information I have submitted on this form is true and accurate, without omissions.

Signed: _____ Date: _____