

Global Adventures, L.C. 2005 Registration Form

Name _____ Age _____ Male Female

Skiing Ability Level _____ Years Skiing _____ Fitness Level _____

Favorite Ski Area _____ Favorite Conditions _____

Rate your ability in the following conditions 1-10 (10 is expert, be honest):

Powder _____ Crud _____ Breakable crust _____ Ice _____ Steeps _____ Exposure _____

Mailing Address _____ Zip code _____

Home Phone _____ Work Phone _____ Email _____ Fax _____

Date of Arrival _____ Date of Departure _____ Arrival Time _____ Arrival _____

Flight # _____ Will you require a pick-up at Grenoble Train Station _____

If not, how will you be arriving _____

Do you have any special dietary requirements? _____

Do you have any physical or medical requirements? _____

Do you have personal Medical/Accident Insurance? _____

Person to contact in an emergency _____ Phone # _____

Global Adventures, L.C. Release and Assumption of Risk

I am aware that the majority of skiing I will be participation in with Global Adventures, L.C., hereafter called GALC, will be on unmarked, un-patrolled, and uncontrolled areas with a variety of terrain. I am aware that during the trip that I am participating in under the arrangements of GALC and its agents and associates, I may be subjecting myself to dangers, risks and hazards, which could result in illness, injury or death. I recognize that such risks, dangers and hazards may be present at any time during the trip. I am also aware that medical services or facilities may not be available or accessible during some or all of the time I am participating in the trip. In consideration of, and part payment for the right to participate in the trip, and the associated activities, services and food arranged for me by GALC and its agents or associates, I have and to hereby fully assume all risk of illness, injury or death, and hereby release and discharge GALC and its agents or associates from all actions, claims or demands for injury or damage resulting from participation in this trip.

_____ Initials

Furthermore, I agree that I will not sue GALC, its agents or associates for damages incurred as a consequence of my participation in the trip caused by negligence or other acts of GALC, its affiliates, agents, employees or contra actor.

_____ Initials

I agree that the foregoing obligation shall be binding upon me personally, as well as upon my heirs, executors and administrators, and for all members of my family, including any minors accompanying me. I have carefully read this agreement and fully understand its contents. I am aware that this release of liability and the contract between myself and GALC and/or its affiliated organizations and sign it of my own free will.

_____ Initials

In Conclusion, I agree that any action taken against GALC and its agents or associates can only be done in Idaho, county of Blaine, and no change of venue will be allowed or considered.

_____ Initials

Date: _____ Signature of Applicant: _____

A \$250 deposit is required at time of booking and your balance must be received 60 days prior to arrival.

Please Make Checks Payable to:
Global Adventures, L.C.
POB 1105, Ketchum, ID. 83340
Phone or fax 800-754-1199