



# Private Group Registration Form

**Adventure. For Life.**

PO Box 1160 Idyllwild, California 92549  
 877.4-WILD-OUT (877.494.5368)  
 951.659.4091 fax  
 adventure@wildernessoutings.com  
 www.wildernessoutings.com

**To the Outing Organizer- please read carefully:**

To complete the registration process, please return this Registration Form by fax or mail. Remember, your dates will be reserved once this form and your deposit are received. Confirmation Materials will be e-mailed to you, including the *Assumption of Risk* form, directions, and information about what to bring.

**Private Group Pricing**

Private Group Instruction rates are specified on our website, and apply to groups up to 10 persons. (For groups larger than 10, please contact our office.) Fees must be paid for by a single payment method (individual payment is not acceptable). Fees paid allow for participation of one individual for the duration of the Outing- shared use of an individual fee is not allowed.

**Participant Information Form**

All Outing Participants, Observers and the Outing Organizer are required to complete the attached *Participant Information Form*. This Form must be completed *prior to the Outing*, and received in our office by fax or mail **no later than one week prior to the start of your Outing!** (On-site registration is not available.)

All participants are required to read and sign an *Assumption of Risk Form*. This form must be completed by the individual or their parent or legal guardian. Please bring the original, completed form to your Outing and give it to your Instructor- do not fax to our office! **Important: this form must be completed and signed to participate in any Outing!**

|                           |  |                                    |                    |
|---------------------------|--|------------------------------------|--------------------|
| <b>Outing Information</b> | Group or Organization name:  | Dates:                             | Location:          |
|                           | Activity:<br><input type="checkbox"/> Rock Climbing <input type="checkbox"/> Navigation <input type="checkbox"/> Backpacking <input type="checkbox"/> Other: |                                    |                    |
|                           | <b>Please provide information for the person who is organizing this Outing.</b>  |                                    |                    |
|                           | First Name   | Last Name                          | Day Phone          |
|                           | Permanent Address  |                                    | Evening/Cell Phone |
| City, State               | Zip  | E-mail (REQUIRED for confirmation) |                    |

|                            |                                    |                |                        |   |  |     |
|----------------------------|------------------------------------|----------------|------------------------|---|--|-----|
| <b>Payment Information</b> | # of Persons                       | Fee per Person | Total Fees             | Deposit Amount:   | <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Visa/Mastercard |     |
|                            | _____                              | X _____        | = _____                | Credit Card # (print clearly)   | Expiration Date  |     |
|                            | Outfitting Fees (if applicable)    |                |                        | Exact Name on Card (print clearly)  |  |     |
|                            | # of Persons                       | Fee per Person | Total Outfitting Fees  | Billing Address   |  |     |
|                            | _____                              | X _____        | = _____                | City  | State  | Zip |
|                            |                                    | Subtotal       | _____                  | I authorize Wilderness Outings to charge my credit card for the specified fees: |  |     |
|                            | 2% Credit Card fee (if applicable) |                | _____                  | <b>Sign Here</b> _____  |  |     |
|                            | <b>Total Fees Due:</b>             |                | _____                  | I agree to the terms of the Registration, Cancellation and Rescheduling Policy: |  |     |
|                            |                                    |                | <b>Sign Here</b> _____ |   |  |     |

**Registration, Cancellation and Rescheduling Policy**

The Wilderness Outings Registration, Cancellation and Rescheduling Policy is based upon our goal to deliver quality, well-planned Outings for our clients. Late cancellations and rescheduling requests are very difficult to respond to effectively, and oftentimes result in frustration for both our clients and our staff. Further, once a client or group Outing has been confirmed, Wilderness Outings incurs multiple expenses that cannot be recovered after a cancellation. For these reasons, please choose your Outing dates carefully.

**Registration:** To ensure effective planning for an outing and staff availability, we *strongly recommend* that your private Outing be reserved a minimum of 3-4 weeks prior to your preferred date. Private Outings for groups of 5 persons or less require full payment to reserve a date. For groups of 6 persons or more, a 50% deposit is required to reserve a date, with the balance due two weeks prior to the start of the outing. Cancellations or transfer requests will be handled according to the following criteria:

**15 days or more prior to Day 1 of your Outing:** Cancellations or rescheduling requests will be subject to a \$75 administrative fee.

**14 days or less prior to Day 1:** Cancellations result in 100% forfeiture of tuition or deposit. You may reschedule to a future date with a credit of 30% of the total tuition amount- this credit must be used within six months of your originally scheduled outing.

There is no refund for no-shows or early departure from an Outing. Once the Outing has begun, no refunds or rescheduling will be provided.

**Weather Considerations:** On the day of the event, Wilderness Outings will retain sole discretion of determination of weather cancellation. Outings that run until 12 pm or longer will be considered complete. In the event that Wilderness Outings cancels an Outing due to inclement weather, your Outing will be rescheduled (at no cost) to a future date of your convenience, or the full fees may be refunded, minus a \$75 administrative fee. Weather-related cancellation requests on the part of the group will be subject to the Cancellation Policy above.

## Participant Information

**Each Participant or Observer (including the Outing Organizer) must read and complete the following section.**

**Please return the completed Form to the Outing Organizer.**

**FOR MINORS: This form should be completed by the parent or legal guardian.**

### Medical Information

Wilderness Outings operates in outdoor, sometimes remote, wilderness locations. Participants may carry 25-50 lb. packs, hike 2-10 miles a day, and climb or hike at elevations up to 14,000' (or more). Potentially harmful animals and vegetation may be encountered. On overnight outings, participants sleep outdoors and prepare their own meals. Weather conditions can vary greatly: temperatures from below freezing to over 100°F, rain and snow storms, high winds and intense sunlight are possible. Prior conditioning is strongly recommended. On all our outings, participants are expected to take personal responsibility for their own safety. A "YES" answer does not necessarily cancel your enrollment.

The following information is requested to assist you in the identification of conditions that may require specialized emergency management in the field, and to inform Wilderness Outings of such conditions. This information is protected, and will only be released to those persons who will have a bearing on your well-being. *Wilderness Outings does not claim to make any determination of your fitness or ability on any trip* if you have any questions about your physical or emotional ability to participate, we strongly suggest that you contact your physician well in advance of your Outing. We will be happy to provide more information to you or your physician regarding the requirements for participation.

|                                |                       |                                    |
|--------------------------------|-----------------------|------------------------------------|
| <b>Participant Information</b> | <b>Name of Group:</b> | <b>Date of Outing:</b>             |
| First Name                     | Last Name             | Day Phone                          |
| Permanent Address              |                       | Evening/Cell Phone                 |
| City/State                     | Zip                   | E-mail (REQUIRED for confirmation) |

### Outing-Specific Information

Please provide the following information if it pertains to your Outing:

|  |   |
|--|---|
| <b>Rock Climbing Outings</b> Please specify...<br>Your shoe size? _____ Your waist size? _____ | <b>Navigation/GPS Outings</b> Do you plan on bringing a GPS unit?<br>Yes _____ No _____ |
| <b>Backpacking Outings</b> Please specify any dietary requirements you have:                   |   |

### Medical Information

|                           |         |               |
|---------------------------|---------|---------------|
| Participant Age:          | Height: | Weight:       |
| Emergency Contact Person: | Phone:  | Relationship: |

**Please list any relevant current or past medical or emotional conditions:**

| Condition: | Management considerations or limitations: |
|------------|---|
|            |   |
|            |   |
|            |   |

Note: The following list is a non-exhaustive list of conditions that may be pertinent: musculoskeletal injuries, cardio-respiratory system problems, neurologic conditions, allergies (environmental), blood sugar management, heat or cold injury...

**Please list any medications that you take on a regular or periodic basis, and the typical dosage:**

| Medication: | Dosage: | For what condition? |
|-------------|---------|---------------------|
|             |         |                     |
|             |         |                     |

### Verification of Accuracy and Full Disclosure

I understand and acknowledge that Apogee Endeavors, LLC dba Wilderness Outings (hereafter referred to as 'Wilderness Outings') is not making a determination of my fitness for an outing; rather, I represent to Wilderness Outings and verify that I am physically fit and ready for the Outing.

I understand and acknowledge that my failure to disclose relevant information may result in harm to myself and others during a Wilderness Outing. I agree to indemnify and hold harmless Wilderness Outings and its affiliates, members, officers, employees, independent contractors and other agents from any claims I may make for personal injuries or death to myself and from the claims of third parties whose injury or death I may have contributed to or caused as a result of my failure to disclose any such information.

I represent and warrant that I have provided all material and important information to Wilderness Outings pertaining to my medical, mental, and physical condition, in view of my participation on a Wilderness Outing. I agree to notify the Lead Instructor if there is any change in my physical, mental, or medical condition prior to my scheduled outing. I further represent and warrant that this information is complete and accurate.

**Sign Here** \_\_\_\_\_

Signature of Participant or Parent/Guardian

\_\_\_\_\_ Date