



INTERNAL USE ONLY		
GUIDE:	_____	
MOH:	<input type="checkbox"/>	PK: <input type="checkbox"/> CATS: <input type="checkbox"/>
OTHER:	<input type="checkbox"/> _____	
ROCK	<input type="checkbox"/>	ICE <input type="checkbox"/> TRAINING <input type="checkbox"/>

PARTICIPANT REGISTRATION FORM & HEALTH HISTORY

NAME: _____ DATE: _____

WE REQUIRE FULL DISCLOSURE OF YOUR CURRENT HEALTH. THE INFORMATION YOU PROVIDE MAY ASSIST PEOPLE IN THE UNLIKELY EVENT OF AN ACCIDENT. THEREFORE, BEFORE YOU FILL THIS FORM OUT, PLEASE READ IT CAREFULLY. FULL AND ACCURATE COMPLETION OF ALL SECTIONS IS VERY IMPORTANT.

Gender: M F Age: _____ years Birthdate: _____

Home Address: _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Email: _____

Cell Phone: _____ Occupation (optional): _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

How did you hear about us? _____

PLEASE LIST ALL INFORMATION REGARDING THE FOLLOWING:

Anaphylaxis/Allergies: No Yes - describe: _____

History of Heart Disease: No Yes - describe: _____

Seizures: No Yes - describe: _____

Diabetes: No Yes - describe: _____

Asthma: No Yes - describe: _____

Other: No Yes - describe: _____

Are you taking any medications for any medical issues listed above?: No Yes

If Yes, describe why used, any side affects, contraindications if known, etc:

Signature of Participant: _____

Print this form, sign above, & give the completed form to your guide on the day of the climb.



HighXposure Adventures, Inc.

Rock climbing specialists since 1974

RELEASE OF LIABILITY, ASSUMPTION OF RISK, WAIVER OF CLAIMS & INDEMNIFICATION AGREEMENT

Notice - By signing this document you may be waiving certain legal rights, including the right to sue.

Release and Waiver of Claims; Assumption of the Risk; Indemnification Agreement

In consideration of being allowed to use the facilities and participate in Guided Mountaineering and other activities (collectively the "Activities") provided by HighXposureAdventures, Inc. (the "Host"), the Participant, and the Participant's parent(s) or legal guardian(s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

- 1) **TO WAIVE ALL CLAIMS** that they have or may have against the Host arising out of the Participant's participation in the Activities or the use of any equipment provided by the Host ("Equipment"), including while receiving instruction and/or training;
- 2) **TO ASSUME ALL RISKS** of participating in the Activities and using the Equipment, even those caused by the **negligent** acts or conduct of the Host, its owners, affiliates, operators, employees, agents, and or officers. The Participant and his/her parent(s) or legal guardian(s) understand that there are inherent risks of participating in the Activities and using the Equipment, which may be both foreseen and unforeseen and include serious physical injury and death;
- 3) **TO RELEASE** the Host, its owners, affiliates, operators, employees, agents, and officers from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her next of kin) may suffer, arising out of his/her participation in the Activities and/or use of the Equipment, including while receiving instruction and or training. The Participant and his/her parent(s) or legal guardian(s) specifically understand that they are releasing any and all claims that arise or may arise from any **negligent** acts or conduct of the Host, its owners, affiliates, operators, employees, agents, and/or officers, to the fullest extent permitted by law. However, nothing in this Agreement shall be construed as a release for conduct that is found to constitute gross negligence or intentional conduct; and
- 4) **TO INDEMNIFY** the Host, its owners, affiliates, operators, employees, agents, and/or officers, from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her next of kin) may suffer, arising out of participation in the Activities and/or use of the Equipment, including while receiving instruction and/or training.

Personal Responsibility

The Participant and his/her parent(s) or legal guardian(s) certify that Participant has no physical or mental condition that precludes him/her from participating in the Activities and that he/she is not participating against medical advice.

The Participant and his/her parent(s) or legal guardian(s) understand that Participant's participation in the Activities is voluntary and further understand that they have the opportunity to inspect the Host's Equipment and facilities before any participation.

The Participant and his/her parent(s) or legal guardian(s) understand that Participant is obligated to follow the rules of the Activities and that he/she can minimize his/her risk of injury by doing so and through the exercise of *common sense* and by being aware of his/her surroundings.

If, while participating in the Activities, the Participant or his/her parent(s) or legal guardian(s) observe any unusual hazard or condition, which they believe jeopardizes Participant's personal safety or that of others, Participant and/or his/her parent(s) or legal guardian(s) will remove Participant from participation in the Activities and immediately bring said hazard or condition to the attention of the Host.

To the extent that any portion of this Agreement is deemed to be invalid under the law of the applicable jurisdiction, the remaining portions of the Agreement shall remain binding and available for use by the Host and its counsel in any proceeding.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Participant's Name (Printed): _____

Participant's Signature: _____ Date: _____

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature: _____ Date: _____

IMPORTANT INFORMATION

Meeting time and location

We meet at 9:00am at the West Trapps Parking Lot at Mohonk Preserve.

Driving Instructions

Take Exit 18 from New York State Thruway I-87 and follow this directions:

1. Through toll to 1st traffic light. Turn LEFT at the light onto Rte. 299 W. (This road is also the main street of New Paltz.)
2. Take 299 through town and follow it up into the hills.
3. About 7 1/2 miles from the Thruway Exit, the road ends at a "T" intersection.
4. Turn RIGHT onto Rtes. 44/55 W. Go steeply uphill for about 3/4 mile. You will come to a marked "5 MPH" Hairpin Curve.
5. Continue about 1/2 mile until you come to a Scenic Overlook / Pullout / Parking Area on your LEFT.
6. About 300 yards past the Overlook you will see a small Red Bridge Overpass above the highway.
7. Drive under the Bridge and continue about 2/10 mile. On the Right you will see a prominent sign "West Trapps Trailhead Parking."
8. Make the RIGHT into a long narrow parking area and continue for about 100 yards. We'll meet you there!

GPS Coordinates:

Latitude 41.7371457

Longitude -74.19855910000001

Search Google Maps for: Mohonk Preserve, Gardiner, NY 12525

WHAT TO BRING

Wear functional clothing that allows full range of movement. Be sure your clothing is seasonally appropriate and is layer-able. Please read the FAQs on our site.

BRING ENOUGH WATER. Two liters of water per person is a minimum. In hot and humid weather, bring more. Heat exhaustion is no joke.

Bring at least a small day pack.

DO NOT BRING COOLERS, PURSES, or TOTE-BAGS.

Bring your own climbing gear if desired otherwise we supply all technical gear at no additional cost.

You must buy a park pass for each climber in your group unless instructed otherwise. Passes are available at the gate house in the West Trapps Parking.