

IMG Denali Application Instructions

IMG Denali, LLC ("IMGD") is an authorized concessioner of Denali National Park and Preserve and IMGD's affiliate, International Mountain Guides, LLC ("IMG") provides administrative and contract services for IMGD Programs. Hereinafter they are collectively referred to as "IMG Denali" or "IMGD"),

This application package is only for use when applying for participation in IMG Denali Programs. For all other IMG Programs, please visit the IMG website www.MountainGuides.com for the appropriate Application Package for your intended Program.

We take your Application to join an IMG Denali Program seriously. IMG Denali's acceptance of your Application will be based on our reliance on the information you provide to IMG Denali. We need you to provide us with complete and accurate information. Please do not hesitate to contact us if you have any questions.

The IMG Denali Application Package

- Apply for participation in an IMG Denali Program by submitting your completed IMG Denali Application.
- IMG Denali will review your Application. IMG Denali may request additional information from you.
- At IMG Denali's sole discretion, IMG Denali may accept you as a Participant in an IMG Denali Program.
- You will be notified of acceptance to the IMG Denali Program by email upon our receipt and approval of your completed Application and receipt of your payment of all fees due at time of your Application.
- If you are a minor (under the age of 18 on the date you sign the Application) please contact IMG Denali to obtain a special Application that is specific to your status as a minor Applicant.
- **Original signatures & initials are required on all documents. We do not accept electronic or digitally inserted signatures or initials.**

IMG Denali Participant Agreement: Forms 1 and 2

- To be admitted as a Participant in the IMG Denali Program, you must first complete, read and sign the IMG Denali Participant Agreement Form 1 and Form 2.
- If you have a legal spouse/legal domestic partner, they will also be required to read, accept and sign your Participant Agreement Form 1.

IMG Denali Medical Certificate

- The IMG Denali Medical Certificate must be executed by your licensed health care provider in order for you to participate in the IMG Denali Program.
- Please bring the REQUIRED medications noted in the IMG Denali Medical Certificate.
- The signed Medical Certificate is due in the IMG office 60 days prior to your Program start date. IMG Denali will consider the signed Medical Certificate to be valid for 12 months following the date of the examination noted on the Form signed by your health care provider unless otherwise indicated on the signed Form.

Supplemental Forms and Additional Information

- There may be supplemental forms and other information requested or required by IMG Denali, the State of Alaska or Denali National Park and Preserve that Participants may be required to submit to our office at least 60 days prior to their IMG Denali Program start date.
- All IMGD Programs are priced based on double occupancy sleeping accommodations.

IMG Denali Application Instructions (cont.)

Submit Your Application Package and Program Fee Payments

Please note: US Postal Service mail delivery is not available at our physical street address. If you elect to send your Forms or payments via the US Postal Service, those must be addressed to our P.O. Box 246 in Ashford, WA.

Submit your Application Forms by one of the following methods:

- Mail original documents:
 - **If sending via US Postal Service:**
International Mountain Guides
PO Box 246, Ashford, WA 98304
 - **If sending via delivery courier service (such as UPS, Fedex or DHL):**
International Mountain Guides
31111 State Route 706, Ashford, WA 98304
- You may scan and email all documents in .pdf format to IMGDenali@mountainguides.com.
- You may fax documents to 866-279-7455. Please contact IMG Denali if faxing from outside the US.

Payment of Fees

Prior to acceptance as a Participant in the IMG Denali Program, you will be required to submit payment of the IMG Denali Program Fees due and payable under the fee schedule indicated for your IMG Denali Program as provided within the published [Trip Information Document](#).

- **Application Fees** are due at the time of your Application for your IMG Denali program to confirm your position; Application Fees apply toward total program fees. Application fees are payable by:
 - Check (US bank accounts and US funds only) made payable to IMG Denali LLC. Mail to IMG Denali at P.O. Box 246, Ashford WA 98304.
 - Visa/MC/Amex (3% surcharge per transaction) are accepted for Application Fees only, please call our office at (360) 569-2609 to provide card details.
 - Bank wire (bank wire instructions provided on request). IMGD does not accept ACH or direct deposit at this time. Payments made by bank wire to IMGD require you to add amounts necessary to cover all bank wire fees. IMGD's bank does not charge for incoming wires, but in most cases, wire fees will be charged by your bank or their correspondent bank(s).
- **Program Fee/Installment/Final Payment** are payable by check or bank wire only:
 - Check (US bank accounts and US funds only) made payable to IMG Denali LLC. Mail to IMG Denali at P.O. Box 246, Ashford WA 98304.
 - Bank wire (bank wire instructions provided on request). IMGD does not accept ACH or direct deposit at this time. Payments made by bank wire to IMGD require you to add amounts necessary to cover all bank wire fees. IMGD's bank does not charge for incoming wires, but in most cases, wire fees will be charged by your bank or their correspondent bank(s).



IMG Denali Application (Page 1 of 3)

A. Applicant's Personal Information

Applicant's Legal Name (as it appears on passport or legal ID): _____

Applicant's Residence / Mailing Address: _____

City: _____ State/Country: _____ Zip: _____

Applicant's E-Mail Address: _____

Please note: Most communication with IMG Denali is via email – please print your Email address very clearly

Phone (Home): _____ (Work) _____ (Cell) _____

Date of Birth (MM/DD/YYYY): _____ Occupation: _____

Do you speak and understand English fluently? **Yes** **No** If no, what language? _____

Marital Status: Does Applicant have a legal spouse or legal domestic partner? **Yes** **No**

If "Yes", please **print the full name and the email address** of Applicant's legal spouse/domestic partner:

B. Applicant's Passport Information (Non-U.S. citizens only, for purposes of critical international travel and emergency contact information)

Passport Number: _____ Expires: _____

Date and Place Passport Issued: _____ Citizenship: _____

C. Applicant's Emergency Contact Information (Emergency Contacts must not be traveling with Participants):

Primary Contact Name and Relationship: _____

Day/night phone(s) _____

Secondary Contact Name and Relationship: _____

Day/night phone(s) _____

D. Applicant's IMG Denali Program Information

Please print the name and start date of the IMG Denali Program you are applying for:

IMG Denali Program Name: IMG Denali Expedition Program Start Date: _____

Name(s) of other Applicants joining you on this Program: _____

Do you request any other IMG Denali Program options if applicable, or other special goods or services? If so, please describe:

Applicant's Initials: _____

IMG Denali Application (Page 2 of 3)

E. Applicant's Health and Medical Information

Age: _____ Gender: _____ Height: _____ Weight: _____

Do you have or have you ever had the following: (Specify YES or NO to each item)

CONDITIONS:	YES	NO	If YES, provide describe
Allergies			
Medically necessary dietary restrictions*			
Non-medical dietary preferences*			
Diabetes			
Epilepsy			
Asthma			
High Blood Pressure			
Heart Disease			
Are you pregnant?			
Previous Altitude Problems			
Cerebral / Pulmonary Edema			
Frostbite			
Speech, vision, hearing impairment			
Shoulder, back, knee problems			
Dislocations			
OTHER:	YES	NO	If YES, please describe
Surgeries			
Medications			
Depression or anxiety			
Tobacco use			
Get cold easily			
Limitations on activities			
Other conditions or concerns			

*IMGD will discuss any noted dietary restrictions or preferences with you.

Describe your health and any history of illness, surgeries, injuries or other conditions or factors. Attach a supplemental sheet if necessary to fully provide details. IMG Denali may ask to consult directly with you to clarify and evaluate any conditions or matters relevant to your participation in an IMG Denali Program:

Applicant's Name: _____

Applicant's Initials: _____

IMG Denali Application (Page 3 of 3)

F. Applicant's Mountaineering, Travel and Related Experiences

List your pertinent experience, climbs, certifications and education, and any other activities related to your ability and skills in the outdoors, mountains and international travel. Include dates. If necessary, attach additional sheets.

G. Applicant's Exercise, Preparation and Conditioning

Describe the physical and mental exercise, training and conditioning you will follow to prepare yourself for your IMG Denali Program. If necessary, attach additional sheets.

Applicant Agreement and Signature:

The information I have provided on this IMG Denali Application is true, complete, and correct and I acknowledge that IMG Denali will necessarily rely on all of the information I have provided in this Application. I agree that if IMG Denali elects to accept my Application to participate in the IMG Denali Program, this Application will become an integral part of the contract and agreement between myself and IMG Denali. I agree that this Application is subject to final acceptance by IMG Denali in Ashford, Washington, USA.

Signature

Date

Applicant's Name (Please print): _____



IMG Denali Participant Agreement Form 1: Acknowledgement of Risk and Contract

Participant's Full Legal Name (as it appears on passport or legal ID): _____

IMG Denali Program Name and Start Date: _____

IMPORTANT: THIS IS A LEGAL DOCUMENT

Please read and understand this document before signing. If you have any questions, please consult us and/or your attorney. Please review and sign with spouse (or parent if minor).

IMG Denali, LLC. (hereinafter also referred to as "IMGD") has taken care to ensure that our Participants experience a rewarding mountaineering expedition. We wish to inform our Participants that mountaineering and foreign travel are not risk-free. The same elements that contribute to the unique character and fun of exploring and climbing mountains, such as the physical exertion or outdoor living, can cause loss or damage to equipment, injury, illness, or in extreme cases, permanent trauma, paralysis, or death. We do not want to heighten or reduce your enthusiasm for the experience, but we do want you to know in advance what to expect and to be informed of some of the possible risks. We ask that you read this acknowledgement of risk and contract, sign it, and return the original documents to our office.

ACKNOWLEDGMENT OF RISK

You, the Participant, need to understand that you are going to be entering an environment with significant hazard and risks, including those associated with living, camping, traveling out of doors, international travel, worldwide dangers associated with the war on terrorism, and with the forces of nature. Below is a list of the possible hazards, but not all of the hazards you may encounter.

Travel is by vehicle, airplane and on foot. Travel by foot is over rugged unpredictable trail and off-trail terrain, including high mountain passes, snow, ice, glaciers, steep slopes, and slippery rocks. Attendant risks include vehicle accidents, falling, drowning, and others usually associated with such travel, as well as environmental risks. The risks associated with transportation can be as great as the mountaineering risk itself. You assume the risk of all travel arranged by yourself or by IMGD.

Meals are prepared over stoves and sometimes-open fires. Water often requires disinfecting before use. Camping hazards may include burns, tent fires, carbon monoxide poisoning, cuts, diarrhea and flu-like illness.

Environmental risks include falling and rolling rocks, lightning, avalanches, and unpredictable forces of nature, including weather that may change to extreme conditions without notice. Additional risks are frostbite, high altitude illness, sunburn, heatstroke, dehydration, and other mild or serious conditions.

Climbing and Mountaineering are hazardous. The obvious accidents that occur in climbing are falling while climbing, whether you fall only a few feet, part way down the mountain, or all the way to the bottom. As you fall you may hit objects or the terrain in your path. If a rope stops your fall, the jolt from the rope may cause injury. Falling to the ground may cause serious injury from any height. In addition to the hazards of falling, falling objects may hit you. Rocks, ice, snow, climbing equipment and even people may fall and hit you as you are standing or while climbing.

Participant's Initials: _____

Spouse/Domestic Partner Initials: _____

IMG Denali Participant Agreement Form 1: Acknowledgement of Risk and Contract (2/3)

Equipment may fail. The extreme conditions of the environment in which climbing and mountaineering equipment is used in conjunction with the damage caused by the environment can cause climbing equipment to fail. The rock or ice to which you are holding or to which you have placed protection may break, causing you to fall or causing your protection to pull out from the rock or ice. As you climb you may pull out protection from the rock or ice. You may experience injury from holding on to the rock or using equipment. You may also experience rope burns from handling the rope. There are many hazards associated with snow, ice, and glacier climbing. Ice climbing is a technical activity involving the use of technical equipment including ice axes and crampons. Ice axes must be used properly to be effective and to prevent injury to you or other people. Crampons have sharp points on the bottom and front of the boot. These points are dangerous to you and other people. Ice climbing involves cold, water, and steep terrain. Ice is constantly falling and can cause injury if you are hit. Other objects may fall and hit you due to thawing or being knocked down by the ice or other climbers.

Avalanches are often a threat in the mountains. An avalanche is snow and ice that has released from the mountain and is moving down the mountainside. If you are trapped in an avalanche, you can be injured or suffocated by the avalanche or trapped in the avalanche, which may kill you. The avalanche debris may force you into a collision with other immovable objects, which might injure or kill you or you may be forced into a crevasse or over a cliff.

Glacier travel is always dangerous. Crossing crevasses or walking over snow bridges covering a crevasse can lead to a fall into a crevasse. Falling into a crevasse can cause injuries due to the fall or objects hitting you during and after your fall. You may also be injured while stopping in the bottom or wedging into the sides. Once in a crevasse you will be subject to cold and hypothermia. Another aspect of glacier travel to be aware of is the danger from seracs, large blocks of ice or snow you may need to walk near or around. While crossing glaciers or hiking in the mountains, you may be in an area where seracs or ice can fall, injuring or killing you. Meltwater pools may form on the glacier and be a drowning or hypothermia risk if you fall in.

You may trek and climb at altitude to which you will not be accustomed. Altitude sickness is the term used to describe the effects on a human body at altitudes higher than the person is accustomed to. Altitude sickness is usually associated with nausea, headaches and a loss of appetite. Altitude sickness can lead to conditions that may result in death. You must understand that the mountaineering expedition in which you are about to participate includes a high degree of risk of hypothermia. High Altitude Pulmonary Edema (HAPE) and High Altitude Cerebral Edema (HACE) occur when you are at altitudes and have not acclimated properly. HAPE and HACE can be fatal if not recognized and treated quickly. Hypothermia is the name for a medical condition where the core body temperature drops to a point that the body is unable to maintain and heat itself. Hypothermia can quickly result in death.

You may be hours or days from any medical facility. In an emergency the people treating you may not have the same standards as hospitals or doctor's offices in the United States. You will need to be vigilant in your normal daily habits such as eating, hand-washing and bodily functions to not introduce dangerous bacteria, virus and diseases into your system.

Decisions made by the IMGD staff and Participants on a high altitude expedition are based on a variety of perceptions and evaluations, which by their nature are imprecise and subject to errors in judgment. Participant understands and agrees to abide by these decisions. **However, the Participant must exercise their own ability and thought in keeping safe and secure, and is solely liable for their safety. Absent direction from IMGD, it is his or her decision to travel, return home or descend at any time.** Throughout the trip, Participant is responsible for his or her own safety and for the safety of other members of their expedition. Participant agrees to adhere to all decisions made by the employees, contractors, guides, owners and members of IMGD at all times. Participant understands that those decisions may be based on many factors, including the overall safety of the group. Participant understands and agrees to those decisions, which are in fact the way most professionally conducted high-altitude expeditions operate.

There is a high level of stress and anxiety while undertaking any mountaineering expedition. In addition, you may encounter or see sights, which may disturb you. It is also possible that some participants will suffer mental anguish or trauma from the experience or their injuries.

This list is not an exclusive or exhaustive list of possible risks, injuries, trauma, or accidents that may occur while mountaineering. Most of these injuries are rare and you are not likely to encounter them, however they have occurred historically and you need to know about them, as well as other possible injuries not mentioned above. Some injuries occur more often when the participants are using illegal drugs or alcohol or are not physically able to undertake the expedition, so the use of illegal drugs or alcohol will not be permitted on the trip while engaged in climbing or mountaineering.

Participant's Initials: _____

Spouse/Domestic Partner Initials: _____

IMG Denali Participant Agreement Form 1: Acknowledgement of Risk and Contract (3/3)

CONTRACT

I certify that my family, including minor children, spouse, representatives, heirs, assigns, subrogors and dependent parents, understands the risks of mountaineering and the legal consequences of this document. I am fully capable of participating in the mountaineering expedition. I state that I have read the above statement on some of the possible risks in trekking and mountaineering, and I voluntarily accept them. Therefore, I assume all risks in participating in this activity, including but not limited to those listed above, for myself and my family, including minor children, spouse and dependent parents, for bodily injury, death and loss of personal property and any expenses as a result of my negligence. I also understand that IMGD reserves the right to refuse continued participation in the expedition to any person it judges to be incapable of meeting the rigors and requirements of participation. I am in good physical condition and able to undertake this expedition.

I hereby authorize any medical treatment or rescue deemed to be necessary. I hereby give permission for transportation to any medical facility or hospital, and I authorize for any qualified guide or medical personnel to render necessary emergency medical care for my family or myself. I hereby authorize the release of any medical information in the possession of IMGD to any medical facility, hospital, ambulance, first aid provider, first aid service, doctor, nurse or other such person rendering care on my behalf. I hereby waive any action or claim against IMGD or any health care provider, hospital, doctor, nurse or first aid provider for the release of this medical information.

I agree that Washington law shall be applied in any legal action involving the interpretation, validity and/or enforceability of this agreement or any disagreement or legal action between the parties, and that any legal action, lawsuits or arbitration resulting from my participation in this activity shall be brought only in Pierce County, Washington.

Should a court of competent jurisdiction declare any part of this agreement unenforceable, the remaining parts or paragraphs shall remain in full force and effect. A copy of this agreement can be used as if it were an original. The terms of this agreement shall continue and be in effect after the expedition.

AGREEMENT

I, _____ (Print Participant's full name), the Participant, of my own free will, for my family, minor children, spouse, domestic partner, dependent parents, my heirs and executors, assigns and myself, have had a full opportunity to review this document, and I have read, understand, accept and acknowledge the risks and liability for myself and my family. I agree that this Agreement is subject to final acceptance by IMG Denali in Ashford, Washington.

Participant Signature

Date

Spouse / Domestic Partner of Participant:

I, _____ (Print Spouse/Domestic Partner full name), understand the risks of the IMG Denali Program activities my Spouse/Domestic Partner is undertaking and I have read this Agreement and agree to accept those risks. I agree that this Agreement is subject to final acceptance by IMG Denali in Ashford, Washington.

Spouse/Domestic Partner Signature

Date



IMG Denali[®]

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IMG Denali Participant Agreement Form 2: Terms and Conditions of Participation

Participant's Full Legal Name (as it appears on passport or legal ID): _____

IMG Denali Program Itinerary Start Date: _____

Upon acceptance of my completed Application by IMG Denali, LLC (hereinafter also referred to as "IMGD") and upon written confirmation of that acceptance, I agree that I will become a Participant in the IMGD Program listed above, subject to my agreement to ALL of the following IMGD Terms and Conditions of Participation:

IMG DENALI DISCRETION

- IMGD reserves the right to reject any application in IMGD's sole discretion. After acceptance to the IMGD Program, IMGD reserves the right to dismiss me as a Participant or modify my IMGD Program objectives or itinerary at any time if, in the sole judgment of IMGD, it is in the best interest of myself or any other person, without any refund to me of any IMGD Program Fees paid by me.
- IMGD requires me as a Participant to be physically, technically, and psychologically suitable and prepared for my IMGD Program. IMGD reserves the right to dismiss me from the IMGD Program at any time based on additional, amended or revised information that IMGD discovers or receives from me or other persons.
- I acknowledge that IMGD Programs and plans are necessarily subject to change based on any of a number of factors that may or may not be under IMGD's control, including but not limited to the actions of domestic and foreign governments, political and civil unrest, weather and terrain conditions, natural disasters or other force majeure. IMGD has the sole discretion to change, alter, delay or completely reschedule my IMGD Program and itinerary as IMGD finds necessary for the reasonable, proper and safe conduct of my IMGD Program.
- I agree that no guarantees have been made by IMGD with respect to the objectives of my IMGD Program.

PROGRAM FEES AND PAYMENTS

- I agree that it is my Participant responsibility to adhere to the IMGD Program Fee Payment Schedule as reported on the IMG Website, and that any late payments by me will result in cancellation of my IMGD Program and forfeiture of all IMGD Program Fees I have paid unless I have made alternate arrangements in advance with IMGD.
- I acknowledge that in the circumstances where my IMGD Program and plans are necessarily subject to change based on a number of factors that may or may not be under IMGD's control, and/or where IMGD may have necessarily already made material non-refundable advance commitments or payments to subcontractors, employees, governments or agencies that may be lost and not be recoverable by IMGD or creditable to my IMGD Program, I may be required to pay additional IMGD Program Fees upon notice by IMG Denali.

Participant's Initials: _____

IMG Denali Participant Agreement Form 2: Terms and Conditions of Participation (2/3)

REFUND POLICY

- I acknowledge that I will not receive or be entitled to refunds of any Application Fees or other Program Fees paid in connection with my IMGD Program.
- I understand that my IMGD Application Fees and other Program Fees include my payment for goods, services and commitments that I have received or will receive that are provided to me or procured by IMGD in advance on my behalf long before my actual Program Start Date. For that reason, I understand and agree that Fees paid by me to IMG are not revocable, recoverable, or refundable to me or transferrable to any other IMG or IMGD Program or any other Participant.
- I understand that none of my Application or other Program Fees will be refundable to me or transferable to any other IMG or IMGD Program or to any other Participant if I cancel for any reason, including my inability or lack of desire to Participate in or complete my IMGD Program or my inability or unwillingness to pay additional IMGD Program Fees due for my IMGD Program or Program changes.

RESCUE, EVACUATION, MEDICAL EXPENSES AND INSURANCE

- I agree that the cost of any search, rescue, evacuation or medical treatment undertaken or provided on my behalf in connection with my IMGD Program that are not otherwise provided by Denali National Park will be my financial responsibility, including any costs incurred by IMGD or other persons, expeditions, government agencies, search and rescue teams, or other medical providers or entities.
- I agree that during the entire period of my IMGD Program schedule and itinerary I will maintain available credit on my valid credit or debit card sufficient to enable immediate procurement of helicopter or other emergency evacuation or medical expenses per IMGD guidelines in case I have been unable to obtain advance payment authorization directly from my insurance company. I will keep my valid payment card information with me during my IMGD Program in case I need to use the card to pay service providers in advance for these costs.
- I agree to procure Rescue/Evacuation and Emergency Medical insurance or membership coverage effective on the Start Date of my IMGD Program as a requirement of my Participation, for evacuation or emergency medical services not provided by Denali National Park and required outside Denali National Park.
- I understand that it is my sole responsibility to thoroughly research and understand the coverages available under Rescue, Evacuation and Emergency Medical insurance policies or membership services and to verify that I will have appropriate coverage available.
- I understand that there are additional insurance coverages available to me including personal life, medical, accidental death, baggage loss, trip cancellation, trip interruption, or delay, and other insurance that may pertain to my Participation in the IMGD Program. I understand that IMGD provides me with no such insurance coverage and that it is my responsibility to thoroughly research and understand the coverages available and to procure the insurance coverage that is applicable to my personal needs.
- I agree and understand the reasons for and value to me from obtaining trip cancellation travel Insurance, and I have been advised to buy travel Insurance coverage against any potential losses arising from my unforeseen trip cancellation and any advance payments for my IMGD Program or my payments for other costs incurred with respect to my Participation in my IMGD Program.

SUPPLEMENTAL FORMS AND INFORMATION REQUIRED FROM PARTICIPANTS

- I understand and agree that I may be required to submit Supplemental Forms and additional information to IMGD prior to my Program Start Date, all of which will be required in order to maintain my status as a Participant in my IMGD Program and/or to fulfill permit requirements, including but not limited to:
 - IMG Denali Medical Certificate is required. This form requires the signature of my health care service provider and it is my responsibility to obtain and submit this Certificate to IMGD not later than 60 days prior to my IMGD Program Start Date.
 - Policy documents verifying my mandatory Rescue, Evacuation and Emergency Medical coverage due to IMGD not later than 60 days prior to my IMGD Program Start Date.
 - My airline travel itinerary, including my scheduled arrival flights into Alaska.
 - National Park Service Denali permit forms (we will send to you for your signature)

Participant's Initials: _____

IMG Denali Participant Agreement Form 2: Terms and Conditions of Participation (3/3)

MEDIA AND COMMUNICATIONS

- I authorize and release to IMGD the use of images that include me in any photograph or video recording for any legal purpose of IMGD or its affiliates.
- I agree that the privacy rights of others involved in Programs will be respected. Those privacy rights take full precedence over my access to or ability to release any information I may possess. I agree to not release or publish any IMGD Program related news, dispatches, social media or other content during the course of the IMGD Program without written agreement by IMGD.
- I will inform IMGD at time during or after my Application of any employment, agency, or sponsorship relationships that are or may become related to my Participation in my IMGD Program, subject to IMGD approval.

LEGAL VENUE

- I agree that Washington State law shall be applied in any legal action involving the interpretation, validity and/or enforceability of this Agreement or any disagreement or legal action between myself and IMGD, and that any legal action, lawsuit or arbitration resulting from my Application, Agreement or Participation in this IMGD Program shall be brought only in Pierce County, Washington.

OTHER GENERAL TERMS AND CONDITIONS

- I acknowledge that all team or group supplies and equipment are the sole property of IMGD and that prior to the conclusion of my IMGD Program I will return any such equipment issued to me by IMGD, including but not limited to radios, avalanche beacons, satellite telephones, and rental equipment. Any loss or failure on my part to return IMGD equipment issued to me will result in additional Fees owed to IMGD for replacement costs.

PARTICIPANT AGREEMENT

I, _____ (Print Participant's full name), the Participant, of my own free will, for my family, minor children, spouse, domestic partner, dependent parents, my heirs and executors, assigns and myself, have had a full opportunity to review this document and I have read, understand and agree to the IMG Denali Terms and Conditions of Participation contained herein. I have also read the other Forms in the IMG Denali Application Package and IMG Denali Participant Forms, and the IMG Denali Program materials and relevant IMG website information (e.g. Fee Payment Schedule, Itinerary, Personal Equipment Checklist, Immunizations Checklist) and other documents, maps, accounts, and information pertinent to the IMG Denali Program and I understand and agree to their information, terms and conditions contained therein.

I agree that this Agreement is subject to final acceptance by IMG Denali in Ashford, WA.

Participant Signature

Date



IMG Denali[®]

www.MountainGuides.com • email: IMGdenali@mountainguides.com

IMG • PO Box 246 • 31111 SR 706 E • Ashford, WA 98304 • phone: (360)569-2609 • fax: (866)279-7455

IMG Denali Medical Certificate

Dear Health Care Provider:

Your patient, (Print patient full name): _____ has been accepted to participate in an expedition in Denali National Park and Preserve. Please ask your patient to describe the type of expedition and activities that are planned or may be encountered. This expedition may include strenuous exercise over extended periods of time while carrying or pulling heavy equipment weight, technical mountain climbing at high altitude, and extreme weather conditions, subzero temperatures, and risk of altitude sickness, accidents, injuries and illness in a very remote wilderness area. Professional medical help and facilities be unavailable or may be days away.

All Participants must be in satisfactory physical condition and be mentally stable. In addition, IMG Denali recommends that Participants carry certain prescription drugs in their personal medical kit. Please consult with your patient and explain any concerns you may have regarding any of the drugs/ medications to be included in your patient's personal medical kit, which you may or will be asked to prescribe on your patient's behalf.

Medications **required** for this trip include the following, and others:

1) Antibiotic for upper respiratory or GI problems (Z-pak); 2) Diamox for acclimatization (125mg BID, 7 days); 3) Asthma medication, if any asthma history; 4) nifedipine for pulmonary edema (30mg ER x 2 tablets); and 5) dexamethasone for cerebral edema (4mg x 6 tablets) to be used in association with immediate descent in altitude.

A thorough discussion of protocols for these medications is found in the "*Wilderness Medical Society Consensus Guidelines for the Prevention and Treatment of Acute Altitude Illness*".

<https://www.mountainguides.com/pdf/WMS-Altitude-Guidelines.pdf>

Please assist your patient in obtaining these or other medications that you would advise for extended wilderness travel.

This executed Form is due to IMG Denali 60 days prior to the Program Start Date and IMG Denali will consider it valid for 12 months following the date of examination noted below unless otherwise limited by you.

Licensed Health Care Practitioner's Certification:

I, _____ (Print Health Care Practitioner's full name) have examined the above-named patient on _____ (Insert date of examination).

I have taken into consideration the activities in which this patient will or may participate and I have conducted the types of tests that I deem necessary under the circumstances. In my opinion, the patient is physically and mentally fit and able to participate in the activities.

Physician's Comments, Reservations, Observations, if any: Please use additional sheet if necessary. Please also list any medications that your patient should *not* receive:

Signature of Physician/Licensed Medical Practitioner: _____

Address and Phone(s): _____
