



Himalayan Sherpa Trek & Expedition (HST&E) USA/Nepal

7810 Brown St Suite #103 Redmond, WA 98052

Tel: 206-324-9000 Toll free: 1-888-800-0830 Fax: 425-885-7601

Expedition Application Form 2010

Name _____
(First) (Middle) (Last)

Preferred Name _____ Date of Birth _____
(Day) (Month) (Year)

Residential Address _____

E-mail Address _____

Occupation _____ - Male - Female

Business telephone number (with area code) _____

Residential telephone number _____

Facsimile number _____ Mobile Number _____

- Trip you're joining or, Interested _____

- Number of parties' _____ How did you hear about us? _____

- **Emergency contact**

Name: _____ telephone number _____ e-mail _____

Address _____

Relation to _____

- Special dietary requirements _____



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Passport Information

Number _____ Place of issue _____

Date of issue _____ Date of expire _____

Nationality _____ Citizenship _____

BOOKING CONDITIONS:

Payment - For our international expeditions and treks, payments are generally made by wire transfer in US Dollars. Please contact our office or see the trip notes for our US Dollar Bank account details. We can also accept a bank draft in US Dollars.

A deposit secures your booking and full payment is due 90 days prior to your trek commencement dated. The payment of your deposit can be made via Visa or MasterCard. We will send you a receipt for all payments. All prices are subject to change.

I wish to pay my deposit by Credit Card: Debit Card Visa Card MasterCard

Name on Card _____

Card # _____ Expiry date _____ 3 Digit Code back _____

Billing Address _____

Signature _____ Date _____

CANCELLATIONS: Once you have paid your deposit, your trip is confirmed and subject to payment of the balance of fees owing 90 days prior to your trip commencement date.

- Cancellations outside of 90 days will result in the loss of the trip deposit.
- For cancellations made within 120 days of the trip commencement date, we reserve the right to retain 50% of the full fee.
- For cancellations within 90 days of the departure date, a cancellation fee of 100% of the full payment applies.
- We recommend you to purchase trip cancellation insurance via your Travelex Insurance.

I wish to make an application to join the Himalayan Sherpa Trek & Expedition LLC, upcoming Trek or, Expedition trips. I have read the entire information package relating to the trek, liability release agreement, attached the trip deposit and I agree to the booking/cancellation conditions as outlined.

Signature _____ Date _____



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Liability Release Agreement

This agreement shall be governed by and construed in accordance with the law. The Courts of United States shall have exclusive jurisdiction in relation to all matters arising under this agreement.

By signing this agreement, I acknowledge that Himalayan Sherpa Trek & Expedition LLC (hereinafter known as HSTE) reserves the right to change the route, departure date or conclusion date of the trek due to inclement weather, animal health, and political situation or for any other reason. In the event of route changes, changes in the duration of the trip, date changes, postponement, injury, loss or damage, I have no right of compensation or refund of payments made (in part or in full).

I understand that HSTE shall not be liable for a failure to perform any of its obligations arising from this agreement if such failure is due to an unavoidable or unpredictable event, which is out of the control of HSTE, which came into force after the date of this agreement being signed. Such events include, but are not limited to: war, revolution, riot, embargo, flood, other natural disasters, strikes, lockouts, railway accidents, motor vehicle accidents, air crashes, shipwrecks and explosions.

I realize that the activities offered, including the travel to and from and within activity locations utilised by HSTE inherently involve risks which may result in property damage or loss, serious or fatal injury. I acknowledge that rocks, cliffs, cornices, avalanches, changing snow, ice and weather conditions, river levels, other non specified natural circumstances and / or occurrences and equipment or mechanical failure, and accident or illness in remote places without any or full medical facilities are an ever present hazard when undertaking adventure or alpine activities. I hereby assume all risks and release HSTE as well as all persons, entities or contractors connected with HSTE, and HSTE's participants from all liability for any injuries or damages and from any claim by me, my family, estate, agents, heirs or assigns arising in any way from my participation in all, and any activities connected with HSTE including, but not limited to, any claim whatsoever arising by reason of negligence of HSTE, or any entities or contractors connected with HSTE. I also acknowledge that HSTE accepts no responsibility for the actions of persons and / or companies supplying goods and / or services as part of HSTE's activities or any extra costs incurred due to delays or complications beyond our control.

I state that I am sufficiently healthy, physically and mentally, to participate in the trek. I acknowledge that I will supply true and accurate information regarding my mental and physical ability. I also agree to keep my personal baggage to 15 kilograms or less in weight and agree to pay all excess baggage transportation charges should I exceed this amount.

Signature: _____ **Date:** _____

Name: _____ (Please print name in capital letters)

PLEASE NOTE: Acceptance of your reservation is conditional on you signing this following liability release.
(Please read carefully)



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Your Name: _____ Today's Date: _____
Trip Name: _____ Trip Dates: _____

Medical Information/Consent Form

Please answer the following questions to the best of your ability. The activities you will participate in often are of a different physical nature than most participants are used to. All medical concerns need to be known. If you have questions regarding your participation, you should discuss them with your doctor.

Date of Birth _____ Height _____ Weight _____ Male Female

Do you have, or have you ever suffered from, any of the following? Please check:

- Allergies
- Back Problems
- Frostbite
- Are you currently under a doctor's care?
- Cerebral or Pulmonary Edema
- Are you taking any medications?
- Diabetes
- Are you allergic to insect bites?
- Asthma
- Are there any limitations to your activities?
- Heart Problems
- High Blood Pressure
- Dislocations
- Dietary Restrictions
- Do you have any medical condition not listed that we should be made aware of?
- Other, please explain _____

If yes to any of the above, please describe

List your physical activities for an average week

I, _____, hereby consent to any hospital care or medical or surgical diagnosis or first aid activities with Himalayan Sherpa Trek & Expeditions, LLC and its agents, if I am not able at that time to give my written consent due to unconsciousness, disorientation or other mental incapacity. I also understand and agree that I am solely responsible for all appropriate charges for such services and that Himalayan Sherpa Trek & Expeditions, LLC and its agents are under no duty to provide any first aid or medical treatment in any event.

Signed _____ Date _____