



Application

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Sioux Falls SD 57105

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To reserve a space with MOUNTAINEERINGWITHACCENT, please read and complete this form. Include full nonrefundable deposit of \$500 for, and send it to us in Sioux Falls SD via email or post. When your application materials and deposit have been received, you will be contacted by our team by email or phone.

Personal Information

Name: First Middle Last

Gender (M/F/N-B) Social media address

Birthdate (mo/day/yr) Height Weight

Occupation Citizenship

Mobile Telephone Home Phone

Mailing Address

Street (include apt., box, etc.)

City State

Postal Code Country

Email

Alternate Email

Emergency Contact

Name: First Middle Last

Street (include apt., box, etc.)

City State Zip Country

Email Alternate Email

Phone Alternate Phone

Registration

Workshop, Course, or Expedition name Start Date

Have you enrolled in an MWA program before? Yes
 No

Title Date

Please tell us how you heard about MWA:

Applicant Goals & Background

1. List 2 goals you have for this program. How will you define success for this experience?

2. Describe your regular physical activities/sports:

3. What is your primary language? If not English, describe your proficiency in English:

Tuition & Policies

Please include full a nonrefundable deposit: \$500 for Expeditions. The full tuition balance is due in advance of the starting date: 120 days prior to Non Winter Expeditions and 30 days prior to Winter Expeditions. Custom programs are committed to final payment due dates in the MWA quote confirmation document. Purchasing trip cancellation insurance is recommended. WA will accept payments by cash, check, wire transfer, Visa, MasterCard and PayPal.

Payment options: Cash Check Wire Transfer MasterCard Visa Amex PayPal

Billing Address:

Street (include apt., box, etc.) _____ City _____ State _____ Postal Code _____ Country _____

Deposit amount to charge: \$ _____ Name on Card: _____

Use the same card to process my remaining balance: \$ _____ on (Date): _____ Please send receipt via: Email Post

Card Number:

_____ (16 digits/Visa or MasterCard) _____ Exp: Month/Year _____ CVV Code _____

Authorized Signature: _____ I agree to pay the above total amount according to card issuer agreement _____ Date _____

TUITION:

Tuition for includes: guides, instructions, interpreter, logistics support, group technical equipment, and feld communication equipment, group camping equipment, food, accommodation, and transportation during the pro- gram, entrance fees, visa support. Tuition does not include: personal equipment rentals, post-Expedition lodging and transportation. Inclusions and exclusions for Custom programs are detailed in the MWA quote confirmation document.

CANCELLATIONS&REFUNDS:

All deposits count toward tuition and are nonrefundable unless MWA denies your application. All cancellations made at any time after MWA acceptance incurs a \$500 administrative fee. Cancellations made 121 days or more before the starting date for Non Winter Expeditions and 31 days or more for Winter Expeditions will be refunded the amount of the balance paid beyond the deposit. Cancellations made within 120 days of the starting date for Non Winter Expeditions or 30 days of the starting date for Courses will receive no refund. If tuition payment is not made by the due date, the participant will be canceled from the program without refund. MWA reserves the right to change scheduled guides or instructors. MWA reserves the right to cancel a Course or Expedition; in this unlikely event, paid deposit and balance will be refunded in full. MWA is not responsible for any associated personal costs resulting from changes or cancellations.

TRANSFERS:

Transfers are granted only upon availability. They must be requested at least 60 days before the starting date of the program. If approved, there is a \$250 transfer fee, due when the transfer is made. Participants who are unable to attend and do not request a transfer will be cancelled and will not receive a refund. Transfers may be made only within the same calendar year.

BE ADVISED: MWA reserves the right to refuse a person participation on any program if we find that person to be mentally or physically unprepared. During an Expedition, MWA reserves the right to require a person to leave if by the instructor's or guide's judgment she or he believes the person to be unprepared to continue. In these cases, there will be no refund of any kind. If the weather or other factors make completing the climbing objective impossible, there will be no refund. In the case of the participant's need for a rescue, or the participant leaves the program before completion, the participant is responsible for any expenses incurred. MWA is not responsible for unexpected expenses over which it has no control. Due to the environment and physical nature of MWA Expeditions, participants MUST BE! healthy and physically fit. The details on this form are held confidentially and provide MWA with important information to best serve you and ensure a successful experience. Please notify MWA with any changes that occur before the start of your program.

I have read, understand, and accept the terms and conditions stated above and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation. MWA may also use my name and picture in all promotional materials.

Participant's Signature: _____ **Date:** _____

Parent or Legal Guardian (if under 18): _____ **Date:** _____

Health & Insurance Information

Due to the environment and physical nature of MWA expeditions, participants must be healthy and physically fit. The details on this form are held confidentially and provides MWA with important information to best serve you and ensure a successful experience. Please notify MWA with any changes that occur before the start of your program.

I will answer the below questions honestly and to the best of my knowledge.

Participant's Printed Name	Participant's Signature	Date
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Insurance

Please explain in detail any questions answered 'yes' below. Please use the back side or additional pages if necessary.

Yes No Do you have personal health/accident insurance?

Company

Phone

Policy No.

Group No.

Agreement No.

Yes No Do you have travel, accident, or rescue insurance?

Company

Phone

Policy No.

Group No.

Agreement No.

Health History

Please explain in detail any questions answered 'yes' below. Please use the back side or additional pages if necessary.

Yes No Do you currently take any medication and/or are you under the care of a doctor? *Please explain and list condition(s), medication(s), and how long you have been taking medication(s).*

Yes No Do you have any allergies to any foods, medication, or to anything else that you are aware of? *Please explain your reaction to the allergen(s).*

Yes No Have you been hospitalized in the past 5 years? *Please explain.*

- Yes No Have you ever been told by a doctor that you had epilepsy, diabetes, high blood pressure, a heart condition, asthma or respiratory condition, ulcers, colitis or intestinal problems, or any disease? *Please explain.*
- Yes No Do you have any history of joint injuries or pain? *Please provide a history and status on your current condition.*
- Yes No Have you ever had acute mountain sickness, or pulmonary/cerebral edema? *Please explain (and specify at what elevation).*
- Yes No Within the past 5 years, have you been diagnosed or treated with/for a mental health condition? *Please explain the condition, treatment, and its duration.*
- Yes No Have you ever experienced frostbite or any other cold injury? *Please explain the severity and your current condition.*
- Yes No Will you have any dietary restrictions during this remote course or expedition? *Please explain.*
- Yes No Do you have any other health concerns or restrictions that could in any way affect your well-being on this program? *Please explain.*