

Summit Xperience, LLC Expedition Application Form

We are very happy you have decided to join a Summit Xperience expedition. Please complete the attached documents. This will help us ensure you have a great experience with us. Contact details are below. Please do not hesitate to call should you have any questions.
Summit Xperience (720) 323 8136. 2327 S. Devinney St., Lakewood, Colorado, 80228, USA.

APPLICATION PROCEDURES

Carefully read, fill out and submit the following Summit Xperience Forms and supporting materials in order to apply for, and reserve, your place on a Summit Xperience Expedition:

- Summit Xperience Form 1: General Terms and Conditions.
- Summit Xperience Form 2: Participant Information.
- Summit Xperience Form 3: Participant Medical Information.
- Summit Xperience Form 4: Physician's Certificate. Consult with your doctor immediately and together read and execute. Submit this form to Summit Xperience at least 30 days prior to the expedition. **Note: We do allow you to opt out of this requirement if you have no significant medical history, do not take any medications on a daily basis and consider yourself to be in excellent health.**
- Summit Xperience Form 5: Acknowledgment of Risk. Contract, Waiver Release and Indemnification.

If you are *****UNDER THE AGE OF 18*****, both you and your parent or legal guardian must sign ALL FORMS.

Applicants must include a good quality photocopy of the first two pages of their passport showing the full legal name, date of birth, passport number and citizenship under which they will be traveling. Please make sure the passport is valid for at least 6 months AFTER the trip to avoid visa problems.

Include a check for your application fee payable to Summit Xperience, LLC and mail the above materials to:

Summit Xperience
2327 S Devinney St
Lakewood, CO 80228
USA

Upon Application Receipt and Deposit you will be notified by email upon receipt of the completed application materials and formal acceptance for the program. Your position is not confirmed until all properly executed forms and application fees have been received and reviewed.

Submit additional fee payments on or before the due dates indicated in the program materials.

Summit Xperience will send you additional program materials. Appropriate, instructions and updates via email as needed.

PERSONAL INSURANCE and TRAVEL ARRANGEMENTS

Summit Xperience highly recommends purchasing travel and trip cancellation insurance. You may want to purchase a rescue policy to help cover rescue or evacuation costs if necessary. Two options are www.ihl.com or www.travelguard.com.

Be aware that some travel policies do not cover climbing or high altitude activities. The American Alpine Club has high altitude rescue insurance available for AAC members. For more info: www.americanalpineclub.org

Also note, most travel insurance companies will expect you to purchase their policies within two weeks of paying your initial deposit for your upcoming adventure. This is usually the case if you expect to be covered for any pre-existing conditions.

Please make sure your travel documents (plane tickets) are in the same name as your passport.

YOUR RESPONSIBILITIES

You are expected to be in good health and possess the physical fitness level required for your expedition.

You need to read and understand the materials you have received regarding the expedition and its objectives, itinerary and travel plans. Participants should contact Summit Xperience whenever questions arise.

Everyone is expected to work together as a team, to be considerate of every team member and to be respectful of each country's customs, values and traditions.

CANCELLATION POLICY

Participant acknowledges that the Expedition plans are subject to change based on a number of factors, including but not limited to;

- Foreign governments
- Weather
- Terrain
- Currency fluctuations
- Changes in costs
- Participant minimums

Summit Xperience has complete discretion to effect any change of plans to accommodate any of these or other factors, including but not limited to increases in expedition fees, changes to the expedition schedule or itinerary, and changes to any means of conveyance, when deemed necessary or advisable, without notice and without allowance of refund and with the liability for any increased expedition fees, if any, to be born by the participant.

Participant acknowledges that Summit Xperience reserves the right to cancel the expedition at any time prior to departure.

Upon refund to Participant of all Expedition fee payments from Participant, Summit Xperience shall be released from any further liability to Participant, including but not limited to liability for additional costs Participant may have incurred, pre-departure expenses, non-refundable advance purchase air tickets, visa fees, equipment purchases and medical expenses.

SUMMIT XPERIENCE FORM 1: GENERAL TERMS AND CONDITIONS

Summit Xperience reserves the right to deny participation to any individual.

Upon acceptance of your Application Package and confirmation by Summit Xperience, applicants are deemed Participants of the program subject to all of the following terms and conditions:

Summit Xperience DISCRETION. Summit Xperience requires Participants to be prepared physically, technically and psychologically for all programs and Summit Xperience reserves the right to dismiss a Participant from a program at any time based on any factors Summit Xperience discovers.

Participants must supply Summit Xperience true, complete and accurate information on the Participant Information form (including the information concerning training and prior mountaineering experience), Participant Medical Information form, Physician's Certificate (unless you choose to opt out), and in any other written or oral communications.

Summit Xperience reserves the right to dismiss any Participant or send any Participant down to lower altitude at any time if, in the sole judgment of Summit Xperience, it is in the best interest of that Participant or any other person.

Summit Xperience reserves the right to change, alter or cancel the itinerary as, our sole discretion, and finds necessary for the proper and safe conduct of the program.

Participants acknowledge that Summit Xperience program plans are necessarily subject to change based on a number of factors including, but not limited to, foreign governments, weather, terrain, currency fluctuations, changes in costs, and many other factors, and that Summit Xperience has complete discretion to effect any change of plans to accommodate any of these or other factors, including but not limited to increases in program fees, changes to the program schedule or itinerary, change of guides or staff, and changes to any means of conveyance, when deemed necessary or advisable, without notice and without allowance of refund and with the liability for any increased program fees, if any, to be born by each participant.

PROGRAM FEES AND PAYMENTS

Registration for Summit Xperience programs require a \$500 USD deposit.

The balance of program fees will generally be due 90 days prior to the starting date of the program.

It is the participant's responsibility to adhere to the fee payment schedule. Participants may not receive additional notice of payment due dates from Summit Xperience.

The Participant's cancelled checks will serve as the receipt and verification of payments. Upon request, an email will be sent as notification of receipt.

Late payments will result in cancellation of program reservations and forfeiture of all fees paid.

MINIMUM CLIENT NUMBERS

Summit Xperience reserves the right to postpone or cancel any trip due to not reaching the trip minimum participant number. Each individual expedition has a specific minimum participant number.

Summit Xperience will alert you if the minimum number of participants has not been reached within 30 days of departure. Each participant will be given the option of rescheduling or will receive a complete refund of all payments.

REFUND POLICY

All application and program fee payments from Participants are non-refundable. In some cases payments may be transferable; if you are required to forfeit your spot, you will be given the opportunity to find an acceptable replacement in which case your deposit and fees would transfer to your replacement without penalty.

Summit Xperience will, under exceptional circumstances, discuss the possibility of a deposit refund. However, this will be done only under dire circumstances.

The Summit Xperience Form 5: Physician's Certificate must be returned to the Summit Xperience office no later than 30 days prior to the program starting date (if you are not opting out of this requirement), however no application or program fees will be refunded if a Participant's physician fails to approve participation after a Participant is admitted to a program.

Participants agree that beginning on the first date of the program itinerary, there will be no refunds of program fees for any reason whatsoever.

OTHER COSTS AND EXPENSES

Participants acknowledge that all team or group supplies and equipment are the sole property of Summit Xperience.

Participants agree to reimburse Summit Xperience for any satellite communication charges incurred by Participants while participating in the program over the agreed amount of time.

Participants agree the cost of any search and rescue undertaken on their behalf will be their financial responsibility. Including costs incurred by Summit Xperience, other expeditions, government, and/or other entities.

Participants acknowledge that during the program, certain events may occur which may necessitate certain additional costs not contemplated at this time, including but not limited to the cost of evacuation during any part of the program, medical treatment, body recovery and/or repatriation, and other related matters. Participants agree that those additional costs are not the responsibility of Summit Xperience and the Participant is responsible for payment of those costs.

PROGRAM CANCELLATION

Summit Xperience reserves the right to cancel a trip for any reason prior to departure. In that event, Summit Xperience will refund application and program fees paid by Participants. In circumstances where Summit Xperience has already made payments to foreign agencies for a program, some portion of program fees may not be fully refundable.

In the event of cancellation of a program and upon refund to Participants of all program fee payments, Summit Xperience shall be released from any further liability to Participants, including but not limited to liability for additional costs Participants may have incurred, pre-departure expenses, non-refundable advance purchase air tickets, visa fees, equipment purchases and medical expenses.

OTHER TERMS AND CONDITIONS

Participants authorize and release to Summit Xperience the use of their image in any photograph or video recording for any legal purpose of Summit Xperience.

Participants planning to use personal satellite communications equipment on the Summit Xperience program agree to inform Summit Xperience of such plans in advance and agree to procure all required permits for their equipment and use.

Participants agree to inform Summit Xperience at the time of application of any pending or actual employment, agency, or sponsorship relationships that are related to their participation in the Summit Xperience program.

Participants understand that no guarantees have been made with respect to the objectives of the program.

Summit Xperience hereby gives notice that it only serves as an agent for hotels, transportation companies, land operators, and suppliers of travel services, and that no responsibility or liability is assumed by Summit Xperience in connection with any travel service including, but not limited to, airlines, hotels, and motor vehicle operators. Summit Xperience will not be responsible for any act, error, omission, nor any injury, loss, accident, delay, irregularity, or danger by a supplier of travel services to Participants in Summit Xperience programs.

Participants acknowledge they are advised to buy personal life, medical, accident, travel, baggage, cancellation, rescue, and other insurance that may pertain to their participation in the program. Participants understand that Summit Xperience provides them with no such insurance coverage.

Prices are based on double occupancy. If you prefer private accommodations, a single supplement option is available for some trips.

AGREEMENT

I, _____(Participant print full name), of my own free will, for my family, minor children, spouse, dependent parents, my heirs and executors, assigns and myself, have had full opportunity to review this document and I have read, understand and agree to the General Terms and Conditions contained herein. I have also read the other Forms in the Summit Xperience Application Package, Summit Xperience program materials and relevant website information (e.g. Fee Payment Schedule, Itinerary, Personal Equipment Checklist, Immunizations Checklist) and other documents, maps, accounts, and information pertinent to the program. I understand and agree to the information, terms and conditions contained therein. The above named forms are incorporated herein.

Participant's Signature:

_____Date_____

SUMMIT XPERIENCE FORM 2 Personal Information

Full Legal Name:

Address:

City:

State:

Zip:

E-Mail:

Phone:

(H)

(W)

(Cell)

Date of Birth:

Citizenship:

Occupation:

SUMMIT XPERIENCE Trip & Departure Date:

Payment Included \$:

Passport Copies

Please send a good quality copy of the first two pages of your passport and also complete:

Passport Number:

Expires:

Mountaineering and Related Activities

Please list your pertinent climbs, training and related activities. If necessary, attach additional sheets.

Training and Conditioning

Please describe the conditioning routine you plan to use to prepare yourself for this expedition. If necessary, attach additional sheets.

Accommodations and Meals:

Trip prices are based on double occupancy. If you are a single traveler, we will try to pair you with another team member of the same sex. If another team member of the same sex is unavailable, we will try to put you in a single room or tent if possible. However, on some trips this may not be feasible. Are you interested in paying an additional fee for a guaranteed single room or tent, IF it is available?

Are there any foods you cannot eat?

Emergency Contact Information:

Primary Contact Name and Relationship:

Primary Contact Address:

Primary Contact Phone(s)

Secondary Contact Name and Relationship:

Secondary Contact Address:

Secondary Contact Phone(s)

Insurance Information:

My Health Insurance Carrier is:

Group Number:

Policy Number:

I have Purchased Travel Insurance for this Trip: Yes No

If yes, Provider and policy number:

I have Purchased Trip Cancellation Insurance for this Trip: Yes No

If yes, Provider and policy number:

AGREEMENT

The information I have provided on Summit Xperience Form 2: Participant Information is true and correct.

Participant's Signature:

Date

SUMMIT XPERIENCE FORM 3 Participant Medical Information

Climbing and trekking at high altitudes is extremely strenuous. In addition, medical care as you may be accustomed in your home country is non-existent in many foreign countries. We do not want you to engage in any activity that would be detrimental to your health or which would be opposed by your doctor because of recent illness, injury, surgery, etc. If you have any questions regarding your participation in the program, please contact your doctor.

Participant Name:

Date of Birth:

Gender:

Height:

Weight:

How would you describe your health? (use additional page if necessary)

Please answer the following questions by circling Yes or No. If Yes to any, please describe on a separate sheet.

Have you ever had any of the following?

Allergies Yes/No

High Blood Pressure Yes/No

Dislocations Yes/No

Frostbite Yes/No

Do you get cold easily? Yes/No

Shoulder, Back, or Knee problems Yes/No

Diabetes Yes/No

Are you pregnant? Yes/No

Asthma Yes/No

Epilepsy Yes/No

Heart Disease Yes/No

Cerebral or Pulmonary Edema Yes/No

Previous altitude problems Yes/No

Speech, vision, or hearing impairment Yes/No

Do you use tobacco? Yes/No

Are you taking any medications (for what? dosage? use additional page if necessary)

Do you have any limitations on your activities (use additional page if necessary)?

Do you have any other conditions that might affect your health (use additional page if necessary)?

AGREEMENT

The information I have provided on SUMMIT XPERIENCE Form 3: Participant Medical Information is true, complete and correct.

Participant's Signature:

Date

SUMMIT XPERIENCE FORM 4: Physician's Certificate

Note: We do allow you to opt out of this requirement if you have no significant medical history, do not take any medications on a daily basis and consider yourself to be in excellent health.

Your patient, _____ (please print name) has been accepted as a member of a high altitude mountaineering expedition to _____ (please print destination).

Please ask him/her to describe the type of expedition that is planned. This expedition involves high altitude climbing and possible cold temperatures, along with the dangers from altitude sickness, accidents, and illness in a remote area. Professional medical help may be days away.

All participants must be in satisfactory physical condition and be mentally stable.

I, _____ (please print physician's name) have examined the above-named patient on this date, _____ taking into consideration the activity in which he/she is going to engage 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 activity.

Physician's Comments, Reservations, Observations, if any (please use additional sheet if necessary.)

Please list any drugs your patient should not be given:

Signature of Physician:

Address:

Phone(s)

Participant's Election to Waive Physician's Examination.

******The option to waive is available to participants with no medical history and in excellent physical health******

I, _____ (participant's full name), have read and understand the purpose of the Physician's Certificate. I have chosen neither to consult with my doctor about my participation in this program nor to obtain his/her approval and signature on this form. I attest that, to the best of my knowledge and belief, I am physically and mentally fit to participate in this program.

Participant's Signature: _____ Date _____

SUMMIT XPERIENCE FORM 5: ACKNOWLEDGMENT OF RISK. CONTRACT, WAIVER, RELEASE AND INDEMNIFICATION

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 (or parent if minor). SUMMIT XPERIENCE LLC (hereinafter also referred to as "SUMMIT XPERIENCE") has taken care to assure 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 you read this release of liability, sign it, and return the original documents to our office.

ACKNOWLEDGMENT OF RISK

You, the Participant, understand you will be entering an environment with significant hazard and risks, including those associated with living, camping, traveling out of doors, and traveling in foreign countries that may be politically unstable, 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, animal, bus, and on foot. Travel by foot is over rugged unpredictable trail and off-trail terrain, including fields, downed timber, river crossings, high mountain passes, snow and 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. This travel in foreign countries includes automobile, taxi, truck, bus, train, aircraft, helicopter, pack animal, and other modes of transportation. Many times 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 Summit Xperience.

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. All water must be treated before ingesting once you leave the United States.

Environmental risks include rapidly moving, deep or cold water, insects, snakes, and predators including large animals, falling and rolling rock, lightning, avalanches, flash floods, 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. 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 at 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. Many times while crossing glaciers or hiking in the mountains, you will be in an area where seracs or ice can fall, injuring or killing you.

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.

Medical care, as you understand it, may not be available outside your home country. You may be hours or days travel by water, porter, animal or other non-vehicular transportation from any medical facility. The medical facility you may be treated in may not have the same standards as hospitals or doctor's offices in your home country. The medical personnel you will be treated by may not have the same training as medical personnel in your home country. You will be subject to bacteria, viruses and diseases, which are rare or unknown in the U.S. You will need to be vigilant in your normal daily habits such as eating, hand-washing and bodily functions in order to not introduce dangerous bacteria, virus and diseases into your system.

Decisions are made by the Summit Xperience staff and Participant on a high altitude expedition 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 and that absent direction from Summit Xperience 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 Summit Xperience 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 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 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.

CONTRACT, WAIVER, RELEASE AND INDEMNIFICATION

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, negligence of my family, negligence of another participant or the negligence of Summit Xperience, its guides, agents and employees. I also understand Summit Xperience 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 further agree to release, acquit and covenant not to sue Summit Xperience for any and all claims, causes of action or damages, or remedies in equity of whatever kind, including those alleging the negligence of Summit Xperience, other participants, my family, minor children, spouse, dependent parents, myself, or my heirs, against Summit Xperience arising out of participation in this expedition. In short, I cannot sue Summit Xperience and if I do, I cannot collect any money. I agree to indemnify and hold harmless Summit Xperience from all claims, damages, losses, injuries and expenses arising out of or resulting from my family's or my participation in these activities. This indemnification extends to the members of my immediate family, minor children, spouse and dependent parents in my household. In consideration of my being able to participate in the activity I agree to indemnify and hold harmless Summit Xperience for any costs associated with my death or with any injury I may receive, or transportation not covered in the itinerary due to my death or injury or early departure.

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 Summit Xperience 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 Summit Xperience or any health care provider, hospital, doctor, nurse or first aid provider for the release of this medical information.

I agree that Colorado 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 Jefferson County, Colorado.

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 release can be

used as if it were an original. The terms of this agreement shall continue and be in effect after the expedition.

As liquidated damages, I hereby agree that if Summit Xperience is forced to defend any action, lawsuit or litigation by myself, my executors, or my heirs, on my family's or my behalf, my heirs or executors and I agree to pay Summit Xperience's costs and attorney fees if they successfully defend such action, lawsuit or litigation.

I, _____(Participant print full name), of my own free will, for my family, minor children, spouse, 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.

Participant's Signature:

Date

Thank you!

Please mail completed forms to:

Summit Xperience
2327 S. Devinney St.
Lakewood CO 80228