

Booking/Registration Form

Use this form to register and book your adventure or educational session. Please ensure every member of your group submits this form. Do note that we ask a LOT of questions on this form, but the process completes nearly all of the paperwork. If concerned about how much we ask, please review our privacy policy and feel assured your data is in good hands.



Contact Information

This is necessary contact information we need to know about you.

First name: _____
Last name: _____
Email address: _____
Phone number: _____
Mailing address: _____
Mailing address cont: _____
City: _____
State/province: _____
Zip/postal code: _____
Country: _____

Redline Guiding LLC
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Intervale NH 03845

603.617.9185
603.617.8878

info@redlineguiding.com
www.redlineguiding.com

Payment Responsibility/Group Information

Leaders, please ensure everyone in your group fills out this form.

Are you responsible for payment? Yes No Not sure
Are you responsible for your group? Yes No Not sure
Number of participants including yourself (not required, unless you are the group leader or payer): _____

Emergency Contact Information

In case of emergency, we need to know who to reach and other details.

Emergency contact name: _____ Relationship: _____
Emergency contact phone: _____
Your doctor/hospital: _____ Phone: _____
Medical insurance provider: _____ ID Number: _____

Physical/Medical Information

We ask this information to ensure the best possible experience for you. We're not trying to be nosy.

Your age: _____
Your height: _____
Your weight: _____
Your shoe size: _____
What is YOUR size? Extra small Small Medium Large X-Large XX-Large
Do you have allergies? Yes No Not sure
If yes, allergic to what? _____
Do you carry an EPI-Pen? Yes No Not sure
If yes, what is the Epi-Pen for? _____
Do you carry an asthma inhaler? Yes No Not sure
If yes, it's for what type of asthma and when was your last attack? _____
Do you take or carry any other medications? Yes No Not sure
If yes, what other med(s) and for what? _____
Please describe any dietary restrictions: _____
Please describe any exercise-induced illnesses or loss of consciousness: _____
Please describe any past heat or cold injuries: _____
What is your fitness level, honestly (required) Not very fit Somewhat fit Moderately fit Very fit

Activity and Gear Information

Choose your activity and its characteristics, and your gear. We try to be as flexible as we can - it's your vacation.

Desired activity(ies): _____
Desired activity level: Very Relaxed Relaxed Moderate Vigorous Extreme
Do you want a private session (surcharged)? Yes No Not sure
Do you want premium options (surcharged)? Yes No Not sure If yes, please define: _____
What gear option will you prefer? Option 1: Ready Pack Option 2: Bring/Rent Option 3: Bring All Not sure
If you chose Option 1, would you prefer: Full Pack (Food/Water) Lean (No Food/Water) Not sure
If you chose Option 2, write in what gear will you want to rent? _____
If you chose Options 2 or 3, would you like to get food and water only (surcharged): Yes No Not sure
If using outsourced gear, will you want us to pick it up for you (surcharged)? Yes No Not sure
If getting a Ready Pack or any rental gear, will you want Gear Insurance (surcharged)? Yes No Not sure
Select a preferred date range _____ - _____

Accept, Sign, and Date

This last bit will finalize this document. Do, however, be sure to fill out and sign the waiver on the reverse side of this sheet.

First, one last question: may we share photos of you during your activity on social media, in advertising, on our website or literature? Yes No Yes, but with restrictions (Restrictions: _____)

Signature here (full name) (if participant is Under 18, parent or guardian must sign instead):

X _____ Date of signature: _____
If participant is Under 18, please enter parent or guardian name, again:

Print: _____ Date: _____
Relationship to participant: _____

WAIVER AND RELEASE OF LIABILITY



In consideration of the risk of injury while participating in (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Redline Guiding LLC, located at PO Box 193, Intervale, New Hampshire 03845, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless Redline Guiding LLC against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Redline Guiding LLC incurs any of these types of expenses, I agree to reimburse Redline Guiding LLC.

I acknowledge that Redline Guiding LLC and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Redline Guiding LLC.

I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS. The risks may include, but are not limited to, those caused by terrain, facilities or lack thereof, hot and cold temperatures, wind, weather, humidity, rockfall, icefall, thin ice, slick ice, slick rocks, slick logs and roots, insects, animals, harmful flora, rivers and streams, dehydration, condition of participants, equipment and gear, vehicular traffic and actions of others, including but not limited to, other participants, volunteers, guides, spectators, and/or others.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Redline Guiding LLC AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Redline Guiding LLC FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Redline Guiding LLC, its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the Participant, _____, and Redline Guiding LLC agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact: _____

Contact Relationship: _____

Contact Telephone: _____

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Participant's Name: _____

Participant's Address: _____

Participant signature (or parent/guardian signature if minor Participant is under 18: _____

Date: _____

PARENT/GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of the participant, _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian Name: _____

Relationship to Minor: _____

Date: _____