

## Registration Form

*(please read carefully, fill out completely, and make a copy for your records)*

On this date \_\_\_\_\_, I \_\_\_\_\_ commit to participate in the 2012 Red Lantern Journeys' Climb for Himalaya Children of Mt. Rainier on July 19<sup>th</sup> to 21<sup>st</sup>.

I understand that as a participant, I am responsible for raising a minimum of \$1500 by July 10<sup>th</sup>, 2012. I also understand that if I am unable to secure the minimum dollars in donations by then, I will make up the difference with a personal donation in order to maintain my spot on the climb.

PARTICIPANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CELL PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CELL PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

DO YOU HAVE ANY HEALTH CONDITIONS THE ORGANIZERS SHOULD KNOW ABOUT?

EXPLAIN: \_\_\_\_\_

## WAIVER

I hereby release Red Lantern Journeys, Mitrata-Nepal Foundation for Children, and any Climb for Himalaya Children sponsors and their agents, directors, employees, and Climb for Himalaya Children volunteers from any and all claims, demands, or causes of action (including those relating to property damage, personal injury or death) arising from participation in the Climb for Himalaya Children and related activities. I realize that mountaineering can be physically challenging and may expose me to dangers and risks of personal injury or death that cannot be anticipated or prevented. I assume the known safety risks posed by the climb. I acknowledge that I have read the entry information and verify that I have full knowledge of the risks involved and am physically fit to participate in this climb. I grant permission for all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand the Climb for Himalaya Children reserves the right to withdraw a climber's eligibility should a team or individual's safety be jeopardized. Climbers under the age of 18 must have written consent from a parent or guardian.

Please note that **this is not a guided climb** of Mt. Rainier as some other charity climbs are. The team leaders are experienced mountaineers with many years of mountaineering experience including multiple attempts and summits of Mt. Rainier, but they are not guides and have never been trained or worked as guides. They are volunteers. In addition, the other participants may have a wide range of skills and fitness. You are responsible for your own safety during this outing.

## CANCELLATION POLICY

Due to the costs associated with the climb and the limited availability of climber spots, the Climb for Himalaya Children must adhere to a strict cancellation policy. The registration fee is due at the time of registration and is non-refundable. Climbers who cancel by **June 19, 2012** will not be responsible for the fundraising commitment. Any donations received up to the point of cancellation should still be turned in to Red Lantern Journeys who will forward them to the Mitrata-Nepal Foundation for Children regardless of the reason for withdrawal. **Climbers who cancel after June 19, 2012 must turn in the full amount of their fundraising commitment or have the difference charged to their credit card on file.**

PLEASE NOTE: All cancellation requests must be made in writing (letter or email) and sent to Red Lantern Journeys by June 19, 2012. Injured participants may request a transfer of their registration fee to the 2013 Climb for Himalaya Children. A letter from your doctor must be sent to the Climb for Himalaya Children to be eligible for a transfer to the following year.

I have read and understand the above registration waiver, fundraising requirements and cancellation policy and agree to the terms set forth.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Supplemental Information

DO YOU HAVE EXPERIENCE WITH ANY OF THE FOLLOWING ACTIVITIES? IT'S NOT REQUIRED, WE JUST WANT TO KNOW THE EXPERIENCE LEVEL OF OUR PARTICIPANTS.

\_\_\_\_\_ ICE AXE ARREST

\_\_\_\_\_ GLACIER TRAVEL

\_\_\_\_\_ CREVASSE RESCUE

\_\_\_\_\_ PLACING SNOW PROTECTION

\_\_\_\_\_ SNOW CLIMBING

THESE AREN'T REQUIRED EITHER, BUT DO YOU HAVE TRAINING IN ANY OF THE FOLLOWING?

\_\_\_\_\_ BASIC FIRST AID

\_\_\_\_\_ MOUNTAINEERING-ORIENTED FIRST AID

\_\_\_\_\_ WILDERNESS FIRST RESPONDER

\_\_\_\_\_ ADVANCED FIRST AID

HOW MANY OVERNIGHT BACKPACKING OR MOUNTAINEERING OUTINGS HAVE YOU BEEN ON IN THE LAST 2 YEARS?

\_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION WITH SIGNED LIABILITY RELEASE and CREDIT CARD AUTHORIZATION FOR THE \$130 REGISTRATION FEE TO:**

CLIMB FOR HIMALAYA CHILDREN

C/O RED LANTERN JOURNEYS

1000 N. NORTHLAKE WAY, SUITE H

SEATTLE, WA 98103

DONATION CHECKS SHOULD BE MADE PAYABLE TO: MITRATA-NEPAL FOUNDATION

Send your questions to [charityclimb@redlanternjourneys.com](mailto:charityclimb@redlanternjourneys.com) or call: 206-568-0710. Or visit the Climb web site at: <http://www.redlanternjourneys.com/menu-left-up/climb-for-himalaya-children.html> .

**Credit Card Authorization for  
Registration Fee and Late Cancellation Guarantee of Fundraising Commitment**

*Please keep a copy of this form for your records.*

I \_\_\_\_\_ authorize Red Lantern Journeys to  
(credit card holder's name as shown on card)

charge \$130 to my credit card listed below for the registration fee for the Climb for Himalaya Children.

In addition, if I cancel my participation in the Climb after June 19, 2012, I authorize the **Mitrata-Nepal Foundation for Children**, a US-based 501(c)(3) non-profit corporation, to charge my credit card the difference between my fundraising commitment of \$1500 and the amount of donations I turn in by July 10<sup>th</sup>, 2012, not to exceed \$1500 plus processing fees charged by Paypal or other credit card processor.

Credit Card Type: \_\_\_\_\_  
(Visa, Mastercard, American Express, Discover)

Credit Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ card verification number: \_\_\_\_\_  
(month/year) (3 or 4-digit number on back of card)

**Credit Card Billing Address:**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**