



**High Country Expeditions Limited**  
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## Application Form

Start date:

Finish date:

Full name:

Occupation:

Date of Birth:

Address:

Phone (home):

(work):

(mobile):

Fax (home):

(work):

email:

In case of emergency please notify: full name:

relationship:

Address:

Phone:

Fax and email:

Your Passport Number:

Nationality and type:

Issued at:

On:

Expiry Date:

Briefly describe your outdoor background:

Our preferred payment method for the NZ\$1000 deposit is by cheque or bank draft. Please note that we have to pay in excess of 3% on card transactions. However we will accept American Express, Visa and Mastercard with a little help from our friends!

- a) I will pay deposit / balance / total cost by cheque/bank draft.
- a) Please debit my American Express / Visa / Mastercard with deposit / balance / total cost.

Card no:

Start Date:

Expiry date:

Signature:

Name as shown on card:

Final payment amount and due date (about 1 May) will be advised by email.

Please read all the booking conditions on the following page - SLOWLY and CAREFULLY, then:

1. Initial each paragraph to indicate your agreement.
1. Complete the details at the foot of the page together with a witness.

Thank you  
Shaun Norman  
High Country Expeditions Limited

# Application Form

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PLEASE READ THE BOOKING CONDITIONS BELOW CAREFULLY.

Then initial each paragraph; sign, date and witness at foot of page

1. I fully understand the risks associated with air, boat and overseas travel and undertake to buy adequate travel/cancellation insurance for the period of the trip. (\$NZ250,000 medical cover minimum.) .....
2. I understand that this trip goes to altitudes over 10,000ft/3300m. I agree that it would be wise to undergo a medical check at least three months before departure date. I further agree that I will advise High Country Expeditions of any condition the doctor thinks will affect my participation in the trip. ....
2. I am aware that during the trip that I am participating in under the arrangement of High Country Expedition Ltd. and its agents or associates, I may be subjecting myself to dangers and hazards which could result in illness, injury or death. I recognise that such risks, dangers and hazards may be present at any time during the trip. I am also aware that medical services or facilities may not be readily available or accessible during some or all of the time in which I am participating in the trip. In consideration of, and as part payment for, the right to participate in the trip, and the associated activities, services and food arranged for me by High Country Expeditions Ltd. and its agents and associates, I have and do hereby fully assume all risk of illness, injury or death and hereby release and discharge High Country Expeditions Ltd. and its agents and associates from all actions, claims, or demands for injury or damage resulting from my participation in the trip. Furthermore, I agree that I will not sue High Country Expeditions Ltd. or its agents and associates for damages incurred as a consequence of my participation in the trip and caused by the negligence or other acts of High Country Expeditions Ltd. or its affiliates, agents or associates, or any employee, agent, or contractor thereof. I agree that the foregoing obligation shall be binding upon me personally, as well as upon my heirs, executors and administrators, and all members of my family including any minors accompanying me. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between me and High Country Expeditions Ltd. and/or its affiliated organizations and sign it of my own free will. ....
3. I acknowledge that High Country Expeditions Ltd. has absolute right to cancel the tour at any time. If the trip is cancelled prior to departure I will be refunded all payments made towards trip cost. If the trip is cancelled whilst in progress, refund shall be agreed upon by negotiation between myself and High Country Expeditions Ltd. ....
4. I understand that I am participating in a tour to a remote area where factors beyond the control of High Country Expeditions Ltd., its staff and subcontractors may interrupt the published itinerary and that High Country Expeditions Ltd. and its above mentioned associates have absolute right to amend the itinerary as they see fit. ....
5. I understand that if I need at any time on the tour evacuation/medical assistance whose costs are not covered by my travel insurance I will accept full personal responsibility for those costs. ....

Signed:

Full name:

Date:

Witness signature:

Full name:

Relationship: