

KL Expeditions Trip Application

Fill out and send us the following form below or print and send any other documents by fax to 56-2-2174684

STEP 1

This is part of the first step in registering for a KL Expeditions departure

This will help us to get acquainted with you. To enroll to climb any peak with us, fill out the:

- (1) Trip Application
- (2) Expedition questionnaire
- (3) Do It Yourself (DIY) Medform.

Along with these 3 forms you must also send a \$700 US \$ deposit.

Once enrolled, you will receive an acceptance package. This package will include the following: An acceptance letter, a detailed equipment list, a medical release form, to be filled out by your physician, a detailed training program, all of our pertinent contact information, along with all other necessary information regarding your individual expedition.

1. YOUR DESIRE PROGRAM

- Aconcagua
 - Aconcagua Ameghino and Upper Guanacos route
 - Aconcagua Polish Glacier Traverse route
 - Aconcagua Polish Glacier route
 - Aconcagua Normal or Classic route
 - Aconcagua & El Plomo
 - Aconcagua & Ojos del Salado
- Tupungato
- Ojos del Salado
 - Ojos del Salado 16 days
 - Ojos del Salado & San Pedro Trek 20 days
 - Ojos del Salado & Aconcagua 28 days
- Llullaillaco
- Antartica

Bolivia

- Guallatire and Sajama
- Huayna Potosi and Sajama
- Little Alpamayo, Huayna Potosi and Illimani

With Private Porters Without Private Porters

2. CLIENT INFORMATION

Full Name (Mr. Mrs. Miss) _____

Address: _____

City: _____

State: _____ Zip Code: _____

Country: _____

Phones Home # _____ Mobile # _____ Work # _____

E-mail: _____

Occupation: _____

Passport N° _____ Issue date _____ E xpire date _____

Citizenship _____

Age _____ Date of birth Month _____ Day _____ Year _____

Height _____ Weight _____ Shoe Size _____ Blood group / Rhesus factor: _____

3. CLIMBING EXPERIENCE

3.1 Please specified clearly year, mountain, route, altitude achieve, company & guide with who did you participate.

4. SPECIAL REQUIREMENT

Diet Special Requirement Yes No

Single Room Hotel Reservation Yes No

Note: Single supplement concern ONLY hotel booking and NOT the single tent use during the expedition & trekking program. Please contact us in case you desire a single tent supplement all time.

Climbing Equipment Rentals Yes No

	Size	Product	US \$
<input type="checkbox"/>		Tents: North Face - Mountain Hardware Marmot	150
<input type="checkbox"/>		Climbing boots Salomon double shell	140
<input type="checkbox"/>		Expeditions Down Parka (Mountain Hardware)	120
<input type="checkbox"/>		Internal frame Backpack (6000 + cubic inches or 90 liters)	100
<input type="checkbox"/>		Down sleeping bag -26 degrees C with silk liner	140
<input type="checkbox"/>		Gaiters	20
<input type="checkbox"/>		Ice axe and leash 60-70 cm	50
<input type="checkbox"/>		Crampons compatible with your boots	50
<input type="checkbox"/>		Harness	30
<input type="checkbox"/>		Trekking adjustable ski poles	50
<input type="checkbox"/>		Expeditions down Mittens	50
<input type="checkbox"/>		Ski Goggles	25
<input type="checkbox"/>		Duffel bags (120+ liters)	30



KL Expeditions strongly recommends that you sign up for a Global Rescue membership for the length of your trip. Global Rescue is a medical evacuation provider that is capable of rescuing you from our remote locations and bringing you back to your home country hospital of choice.

Their phones are staffed 24/7 by paramedics which are backed by over 2400 specialists from Johns Hopkins Medicine. For more information and to receive a 10% discount upon signing up, visit www.globalrescue.com/kl.

5. PAYMENT PROCEDURES

Attached find the amount of:

Deposit US\$ _____ Total Balance US\$ _____

Payment Method

Credit Card: Visa Master Amex

Credit Card # _____ Expire: _____

Check to **KL EXPEDITIONS LTDA:**

Mailing Address

Augusto Mira Fernandez # 14248
CP 7591409 - Las Condes - Santiago - Chile.

Wire transfer to

Bank: WELLS FARGO BANK, NA
420 Montgomery , San Francisco, CA 94104
Telephone: (307)733-7377
Account#: 33490 15390
Name of Account: KL ADVENTURE USA / Joaquin Oyarzun
Routing # or ABA #: 121 000 248 - Swift Code # WFBIUS6S

6. HOW DID YOU LEARN ABOUT KL ADVENTURE

Step 2

Expedition Questionnaire

Thank you for considering KL Expeditions (KLE) for your climb of This questionnaire is the second step of the enrollment process. Climbing is an amazing challenge for those who are ready to enjoy what this mountain has to offer. Reaching the summit of is an achievement that only the properly trained and experienced should attempt. To be eligible for an KLE expedition participants must be in exceptional physical condition in order to cope with the everyday obstacles, not to mention the extreme effects of the high altitude. Everyone must also possess the attitude to enjoy the rigors of expedition life (A.K.A. expedition mentality). Participants must have prior camping experience and a willingness to be an active teammember. Participants need not have technical climbing experience, but must to be able to hike on 20-25 degree trails, while wearing plastic mountaineering boots and carrying a 31 pound (14kg) pack. Members who wish to join our expedition must understand that though this is a guided expedition, it is not a free ticket to the top. Everyone must be willing to participate and be an active team player. As a wise man once said; is not the place to learn basic mountaineering skills, but it is an excellent place to practice them.

KL Expeditions does its best to provide our clients with the best service available. We will not accept just anybody. This is for your safety and ours. Our in depth enrollment process assures us and our clients that they will be part of a top notch expedition!

7. Outdoor Experience:

1. What was your longest backpacking trip (days, total miles/kms., distance per day)?

2. Have you done any winter camping? If yes, # of days and location.

3. Have you had any formal climbing experience? If yes, where and with whom?

4. Do you have any experience using and ice axe and crampons? (A lot, a little, Zero)

5. I feel comfortable carrying a 31 + pound (14 +kg.) pack on uneven terrain. Yes No

6. What is the highest elevation you have reached, and how did you feel?

7. Have you ever had any complications at altitude?

8. List 2 specific goals you have for this expedition. Other than the summit. (we know that one already.)

9. Do you have any medical training? Yes (what level ?) No

10. List one or two personal attributes that you feel will contribute to the expedition.

11. List your normal physical activities and sports.

12. Do you have any disabilities that may limit your performance on this expedition?

13. Here, list any other pertinent information that will help us get to know you. Such as a detailed climbing resume, camping, mountaineering, hiking and medical training.

Step 3

MEDICAL FORM

Please take time to fill in the information asked for below. The information you are giving is voluntary. You are not required to fill out this form, however it is highly recommended. This information is confidential for use in an emergency.

Emergency Contacts:

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Personal Physician: Name _____ Phone _____

Health Insurance: Company _____ Policy # _____

I have Medical Insurance. Yes ___ No ___ You are required to have your own health and accident insurance.

Please take time to fill in the blanks below:

1. Please check all items below that apply to your past or present medical history.

- | | |
|---------------------------|---|
| _____ Asthma | _____ Muscle Disorder |
| _____ Diabetes | _____ Contact Lenses |
| _____ Insulin | _____ Pregnancy |
| _____ Diet Control | _____ Vascular Condition including stroke, Aneurysm |
| _____ Sick Day Plan | _____ Bone/Joint Disorder |
| _____ Fainting Spells | _____ Hearing Impairment |
| _____ High Blood Pressure | _____ Visual Impairment |
| _____ Seizures | _____ Claustrophobia |
| _____ Hay Fever | _____ Heart Condition |
| _____ Migraine headaches | |

2. List all medications you are presently taking and reason for taking them.

3. Do you have any allergies or sensitivities (IE: penicillin, sulfa drugs, wasp & bee stings, foods, etc.)

YES____ NO____ If yes, what are you allergic to?

If yes, do you carry an "ANA Kit"? (Epinephrine 1:1000) Yes____ No____

4. Do you have any physical or mental conditions that might limit your participation in an outdoor trip or activity? Yes____ No____

If yes, please describe

5. Please list all serious injuries or hospital care in your medical history, reason for hospitalization, and date.

Date _____

Date _____

6. Do you have any special dietary restrictions? Yes____ No____

If yes, please describe

7. Have you had a diphtheria/tetanus booster in the past 10 years? Yes_____ No_____

If no, we encourage you to get one.

8. Do you do well in hot or cold environments? If no, please describe

9. Please list any other information regarding your medical history, which may help the group best assist you should a medical emergency arise. _____

10. Please list all medications you are currently taking – include dosages.

11. Describe your current physical condition. Do you exercise regularly?

Participation in this activity is physically demanding. You should be free of any medical or physical condition that might create undue risk to yourself or others. If there is any doubt whatsoever about your ability to participate, it is your responsibility to consult with a medical doctor.

Initial and Fill in Information Requested

() I hereby give permission for transportation to any medical facility or hospital and I authorize any qualified

Medical provider to render necessary emergency medical care.

() I do not have any medical condition that would prevent my participation in this trip.

I acknowledge and represent that I am in good physical health for participating in this activity and I have given this information voluntarily.

____ Signature of Participant
____ Date

____ Signature of Guardian
____ Date