

# 2012 HAMS School Application

Deadline for application: No Later than December 31, 2011

Name \_\_\_\_\_ Phone \_\_\_\_\_ (C)

Mailing Address (#) \_\_\_\_\_ (H)

\_\_\_\_\_ (W)

\_\_\_\_\_ E-mail \_\_\_\_\_

Date \_\_\_\_\_ Age \_\_\_\_\_ CMC Group\* \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Hiker Classification\*\* \_\_\_\_\_

## Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

LIST ANY PERTINENT MEDICAL CONDITIONS, which your instructors should be aware of:

(failure to do so will result in dismissal.) \_\_\_\_\_

\_\_\_\_\_

\*\*\*BMS? Y \_\_\_ N \_\_\_ Year Grad. \_\_\_\_\_ Which CMC Group \_\_\_\_\_ Instructor \_\_\_\_\_

BMS Waiver Y \_\_\_ N \_\_\_ CMC Member Since\* \_\_\_\_\_

What year did you attend the HAMS Seminar \_\_\_\_\_

How many CMC trips have you gone on in the last year? \_\_\_\_\_

List the CMC activities which you have volunteered your time to: \_\_\_\_\_

\_\_\_\_\_

List experience you have had in higher peaks (15,000+), glacier travel, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Waiver of Liability

With the knowledge and understanding that mountaineering is an inherently dangerous activity and that the activities of the Colorado Mountain Club High Altitude Mountaineering School may be dangerous,

I \_\_\_\_\_ assume all risks that may be associated with or result from any accident, death, injury, illness, or harm whatsoever to me or any damage or loss of my personal property while participating in the activities of the High Altitude Mountaineering School; and

Give permission to the CMC and its instructors and agents to administer first aid, to call a doctor, and to transport me to a hospital in the event of a medical emergency.

I also agree that any failure on my part to abide by the rules and regulations of the High Altitude Mountaineering School and to follow directions given by the appointed instructors will serve as grounds for immediate dismissal from further High Altitude Mountaineering School activities.

Date \_\_\_\_\_ Signed \_\_\_\_\_ (Applicant)

Date \_\_\_\_\_ Signed \_\_\_\_\_ (Guardian)  
(Signature of parent or guardian is required for students under 18)

**Print or write very clearly. Unreadable or difficult to read applications will be returned.**

**Make sure you have completed all the spaces that pertain to you. Call if unsure.**

**Keep the cover page for future reference.**

**Return this application with your check for \$155 Denver Group Members or, \$165 Non Denver Group Members. Credit Cards accepted, call 303-279-3080 ext. 2. Send the completed form to:**

**Colorado Mountain Club  
HAMS Application  
710 10<sup>th</sup>. Street #200  
Golden, CO 80401**

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Questions: contact Bob Dawson at [robinmts@yahoo.com](mailto:robinmts@yahoo.com)

