



DEER HILL EXPEDITIONS | Application

(to be completed by participant)

Name: _____ Father's Name: _____
Prefer to be called: _____ Father's Occupation: _____
Mailing Address: _____ Father's Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____
Applicant's E-mail: _____ E-Mail: _____
Age: _____ Date of Birth: _____ Gender: _____ Mother's Name: _____
Height: _____ Weight: _____ Mother's Occupation: _____
School: _____ Mother's Address: _____
Current Grade: _____ Adult T-shirt Size: _____ City: _____ State: _____ Zip: _____
Session (first choice): _____ Cell Phone: () _____ Work Phone: () _____
Session (second choice): _____ E-Mail: _____
Siblings' names and ages: _____

Please send correspondence to: Parents Father Mother Other (please specify): _____

Please bill: Parents Father Mother Other (please specify): _____

Please give us the names and phone numbers of a teacher or advisor, and one other person, who we will contact as your personal reference (required).

Teacher: _____

Teacher's Home Phone: () _____ Teacher's E-Mail: _____

Other Reference: _____

Reference's Home Phone: () _____ Reference's E-Mail: _____

How did you learn about DHE? I am a DHE alumnus DHE alumnus DHE staff Teacher/Counselor
 School visit Camp fair Camp agent Camp guide
 Camp referral website Internet search

Please give us the name(s) of anyone who was important in your decision to attend DHE: _____

On a separate sheet, please answer the following:

1. Describe your backcountry, athletic and swimming experience.
2. Describe any medical conditions (physical, emotional or otherwise) which might affect your health or well-being, the well-being of others, or affect your ability to participate in program activities. Describe any treatment or care by a physician for this condition(s), including prescribed medications, within the last two years. Ask your parents for help with this. Not applicable.
3. Your leaders are eager to welcome you to Deer Hill and get to know you. Please tell us a little about yourself.
4. Describe your Spanish language experience (for Costa Rica trips only).

Visa / MC #: _____ Exp. Date: _____ CVC/CWV Code: _____

Name on Card: _____ Signature: _____

Billing Address: _____

- I have provided credit card information above or enclosed a check/money order for my \$750 deposit, payable to Deer Hill Expeditions.
- The participant and a parent/guardian have signed the Terms of Agreement.

Send your completed application, deposit, answers to the above questions, and signed Terms of Agreement (found on the reverse of this page) to Deer Hill Expeditions. For faster processing, you may fax this form. Please send the original hard copies to the DHE office. Thank you for applying!

Deer Hill Expeditions Terms of Agreement

APPLICATION PROCEDURE AND SELECTION: The application is part of this Terms of Agreement. When we have received your Application, signed Terms of Agreement, and \$750.00 deposit, we will contact you by postcard, e-mail or phone confirming receipt. Applications are processed in the order in which they are received. Please note: After we have confirmed receipt of your application and contacted your references, you will receive a Program Information Packet containing information and forms, including a DHE Acknowledgement and Assumption of Risk & Release and Indemnity Agreement, and medical form. These forms contain important information associated with your son's/daughter's DHE experience, the risks associated with the activities, and your responsibilities. Please read and complete these forms carefully. All forms must be completed with participant, parent, and others (e.g. physician, references), and on our receipt and review of the application and all forms.

FINAL PAYMENT: A bill will be mailed to you in April for final payment, due May 1. Full payment to DHE includes program tuition plus a refundable Outfitting Store Account. The Store Account is for the rental and/or purchase of personal gear and clothing from the DHE Outfitting Store. A \$350 Store deposit is required at the time of final payment (\$150 for Costa Rica programs).

REFUND, CANCELLATION, RETURN AND INSURANCE: The \$750 deposit will be fully refunded if the applicant is not accepted. Otherwise, all tuition payment refunds will be made based on the number of days since we sent you the Program Information Packet (PIP). Refunds will be made as follows:

- 100% refund up to 30 days after we send you the PIP
- 50% refund up to 45 days after we send you the PIP
- No refunds beyond 45 days after we send you the PIP
- For applications received after April 15: Full payment is due and no refunds given 15 days after we send you the PIP

If DHE cancels a program before its start, for any reason, all payments will be fully refunded. If it is necessary to cancel a program after its start date, DHE will refund the unused portion of the tuition. DHE reserves the right to change a program's location or duration because of unusual meteorological or other conditions.

DHE is not responsible for the costs incurred by Parents due to DHE's changing the date or cancellation of any program. DHE strongly encourages Parents to purchase trip insurance, in the event of program changes or withdrawal from the program after full payment has been made. Participant and his/her Parent or legal guardian (hereafter collectively Parent of Parents) acknowledge that if participant is dismissed or departs early from a program, for any reason, no refunds can be granted. Participant and his/her Parent are responsible for all costs of early departure whether for medical reasons, dismissal, personal emergencies or otherwise.

Our refund policy is based upon the seasonal nature of our business. The investment of time and money required to hire staff and to purchase food, equipment and federal land agency permits, necessitates that your payments be made in advance of the summer program. DHE cannot alter agreements and arrangements made with its suppliers, government agencies and employees to accommodate a participant's withdrawal from a program.

EQUIPMENT LOSS OR DAMAGE: Participant (and his/her Parent) is fully responsible for lost, stolen or damaged equipment (DHE accepts normal wear and tear), and agrees to pay for any damage or loss. DHE is not responsible for loss or damage to participant's personal belongings.

PHOTO RELEASE: DHE, or individuals or entities authorized by DHE may photograph and/or videotape program activities. Unless we receive your objection in writing before the start of the program, the Parent authorizes DHE to use the son's/daughter's or Parent's photo, video image, or quotations from correspondence for sale or reproduction, in any manner DHE desires, for advertising, display, audiovisual or other use.

NON-DISCRIMINATION: DHE does not discriminate in its respective employment or admissions policies on the basis of race, color, gender, religion, national or ethnic origin, age or disability.

FOR ALL PARTICIPANTS: I understand that Deer Hill is a group experience and that my full participation with a positive attitude, in all activities, is important for the overall success of the program. I understand that Deer Hill activities take place in the wilderness and in other areas where group's well being can be jeopardized if I do not participate in safety discussions or follow the directives of my Deer Hill leaders. Therefore, I agree that the safety of the entire group is of greatest importance. I agree not to use tobacco, alcohol, illegal drugs, or non-prescribed medications. I agree not to engage in exclusive relationships or sexual activity. I agree to be a contributing member of the group to the best of my abilities. I agree to abide by the decisions of and follow the directives of my program's leaders. I will do my best to make this the best experience possible for all other participants, my leaders and myself.

FOR ALL PARTICIPANTS AND PARENTS: I have accurately completed the Application and have read, understand and agree to the Terms of Agreement outlined here. I have disclosed any information regarding my son's/daughter's medical treatment, as per Question #2 in the DHE Application. I agree that failure to disclose such information at the time of application may result in exclusion or dismissal from the program and forfeiture of any funds previously paid to DHE. I also agree to inform DHE about any injury or illness, or the prescribing of any medication by a physician from the date indicated below until the beginning of my son's/daughter's program. The Parent gives his/her son/daughter permission to participate in all DHE program activities, at or away from Basecamp. Both Parent and his/her participating son/daughter understand that for the health and welfare of all members of a DHE program, participants are expected to behave appropriately throughout their stay on the program. DHE reserves the right to dismiss any participant from the program that staff believe, in their discretion, presents a safety concern or medical risk, is disruptive, or otherwise conducts him/herself in a manner detrimental to the program. All aspects of participant or Parent relationship with DHE will be governed by Colorado law, and any mediation, suit, or other dispute with DHE must be filed or entered into only in Colorado. A Parent or legal guardian must sign below if participant is under 18 years of age.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Participant: _____ **Date:** _____

PLEASE RETURN THE COMPLETED APPLICATION, SIGNED TERMS OF AGREEMENT, AND \$750 DEPOSIT TO:

Deer Hill Expeditions PO Box 180 Mancos, CO 81328 800.533.7221 or FAX to 970.533.7221 (please mail originals)