

Mt. Everest Base Camp Trek + Luboche Climb Application

Personal Information

(as it annears on nasenort)	First Name:		Last Name:		
(as it appears on passport)					
Passport Number:					
Address:					
City:	State/Province:		ZipCode:		
Country:					
Home/Work Phone: _		Mobile Phone:			
Email Address:					
Age:	Gender:				
Emergency Contact Na	ame:		Phone:		
Mountain Clin	nbing Experienc	<u>:e</u>			
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Pass ₁	port	Photo
<u>Pass</u>	DOLL	Photo

Please scan and include a valid Passport Photo

Medical Concerns / Health Issues

Are there any medical concerns or health issues you need to inform us about? Please list anything
relevant that might impact your ability to complete this trek (past surgeries, allergies to medications,
current medications you take, or medical conditions you have).



Payment and Cancellation Policies

Dr. Jon's AdventuresSM has the following payment and cancellation policies on the Everest Base Camp Trek. Please sign below that you have read and agree to these policies:

Payment Policy*

Payment Due	Date Due
Initial Deposit of 25% of Trek Fee*	120 days prior to trek start date
Remaining 75% of Trek Fee	60 days prior to trek start date

^{*}Secures your spot on the trekking team

Client Cancellation Policy**

Date Client Cancels	Deposit	Remaining Balance
90+ days prior to trek start date	95% refund (5% cancellation fee)	100% refund
45-90 days prior to trek start date	No refund	100% refund
<45 days prior to trek start date	No refund	No refund

^{**}This applies to the client cancelling on us and includes, but is not limited to:

- a. Injury/illness
- b. Weather, mountain and travel conditions
- c. Personal scheduling changes

What if we have to cancel? While we will make every effort not to, we reserve the right to cancel a course at any time for reasons such as (but are not limited to) a pandemic, natural disasters, and hazardous weather. Due to the wildly variable nature of mountain weather and other factors that might result in a cancellation, there is no set timeline for this decision. If we have to cancel, we will look to reschedule at a later date or offer a refund.

Acknowledgment of Understanding

I have read this Cancellation and Payment Policy and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I further acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability

Signature of Participant		
Name of Participant	Date:	
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