



**SONNENALP ADVENTURES**  
**20 VAIL ROAD | VAIL, CO 81657**  
**970-476-5448**

**PERSONAL INFORMATION**

Guest Name: \_\_\_\_\_ Room # \_\_\_\_\_ Charge to this room? Yes / No room # \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ May we send you quarterly Adventure emails? \_\_\_No \_\_\_Yes

**HEALTH INFORMATION**

Any medical conditions that would impact this activity? \_\_\_No \_\_\_Yes If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_No \_\_\_Yes If Yes, please explain: \_\_\_\_\_

Are you taking any medication that the guide needs to be aware of? \_\_\_No \_\_\_Yes If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation \_\_\_\_\_

Optional

Are you a Doctor? \_\_\_No \_\_\_Yes

Do you have any medical training? Yes / No If yes, please give a brief description \_\_\_\_\_

*\*\*\*Guide gratuity is not included in activity fees. Gratuity may be paid in cash at the end of your activity or added to your room charge for your convenience\*\*\**

**PLEASE SEE BACK FOR SONNENALP HOTEL OF VAIL ACTIVITY PARTICIPATION AND LIABILITY WAIVER**

**SONNENALP HOTEL OF VAIL ACTIVITY PARTICIPATION AND LIABILITY RELEASE**

Please read carefully. This is a Release of Liability and Waiver of legal rights.

1. I understand and acknowledge the activity I am about to voluntarily engage in bears certain known risks and unanticipated risks which could result in injury death or damage to myself, to my property or to other third parties. I freely and expressly assume and accept all risks of injury, death, or damage to property associated with participating in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks.
2. In consideration of receiving permission to take part in this Activity, I agree to defend, indemnify, release and hold harmless the Sonnenalp Hotel of Vail, its affiliated companies, the United States Department of Agriculture Forest Service, their respective agents, officers, directors, owners contractors and employees from any and all liability, claims, demands, actions, and causes of actions out of a related to any physical injury, including death or property damage sustained in connection with my participation in this Activity, including those claims based on the negligence of or breach of warranty by any of the Released Parties. I also agree to defend and indemnify the released parties for any and all claims brought by a third party which arise from my participation in this Activity.
3. If I rented equipment in connection with this Activity, I accept the equipment "as is" and accept full responsibility for the care of the equipment while it is in my possession. I understand and agree that I am responsible for the full replacement value of any equipment not returned, and I agree to pay for any damage to the equipment, which exceeds normal wear and tear.
4. I understand that children under the age of 12 must be accompanied by an adult.
5. I authorize a licensed physician, dentist and/or other medical care provider to carry out any emergency medical care of my child and I agree to pay all costs associated with such medical treatment and related transportation of my child.
6. In case of a dispute arising over the stated terms and agreements of this contract, the disputer agrees to place trial venue only in Eagle County, Colorado.

My signature below indicates that I have read this entire document, understand it completely, and agreed to be bound by its terms.

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature of participant Signature of second participant

X \_\_\_\_\_ X \_\_\_\_\_  
 Printed name of participant Date Printed name of second participant Date

**MINORS (17 & UNDER)**

\_\_\_\_\_  
 First Last DOB

\_\_\_\_\_  
 First Last DOB

\_\_\_\_\_  
 First Last DOB