



THE BOULDER FACE

Mt. Apo, Sibulan Trail, Sta. Cruz, Davao del Sur, Philippines

CLIMBER REGISTRATION SHEET

Name: _____ Age: _____ Sex: _____ Civil Status: _____
Contact No.: _____ Name of Organization: _____
Date of Birth: _____ Address: _____
Nationality: _____ Blood Type: _____ Religion: _____
Educational Attainment: _____ School (if Student): _____
Profession/Occupation: _____ Name of Company: _____

Duration of Visit to Mt. Apo: _____ Specific Date: _____
Point of Exit: _____
Assistance Needed from this office: _____

Do you have any mountain climbing experience? __ Yes, __ No

If Yes, how long? _____

What is your latest mountain climbed? _____ Location: _____

Is this your first time to climb Mt. Apo? __ Yes, __ No

If No, when was your last Mt. Apo climb? _____ What Trail? _____

Did you undergo medical treatment in the last 6 months? __ Yes, __ No

If yes, please specify _____

Person to be contacted in case of emergency: _____

Contact Number: _____ Relation: _____

WAIVER

I hereby declare that all information stated above are true. I further declare that I am physically fit to climb Mt. Apo and I possess functional mountaineering knowledge and skills and that I am equipped with basic camping gears and supplies for survival during the period.

I am fully aware of the risks involved in the course of activity such as physical injury, bodily harm, sickness and death. In such case, I shall not hold, blame and/or charge any of the organizers, promoters, coordinators, officers and/or any personnel incharge liable or responsible for such physical injury, bodily harm, sickness and death that I may sustain.