

LEADER & CO-LEADERS' FORM

CERTIFICATION OF PHYSICAL FITNESS

The Baxter State Park Authority, in the interest of personal safety, wishes to be assured that persons participating in winter activities are aware of and have the physical and mental conditioning to endure the often extreme stresses associated with winter conditions in Baxter Park.

Conditions vary from intense snow glare to storms with very high winds and temperatures below -40°F. Headache, muscle cramps, cough, digestive disturbances, poor sleep, nervous tension and intense fatigue are common complaints on arctic mountaineering expeditions. Serious cold injury (particularly to the feet), snow blindness, hypothermia, direct falls, fires in tents, etc., can occur.

RESCUE MAY BE SLOW AND UNCERTAIN IN CASE OF SERIOUS INJURY OR ILLNESS.

The technical climber often is subject to the most extreme stresses. Weather conditions are the most severe, change very rapidly and are largely unpredictable at higher altitudes, especially around Mt. Katahdin. The climber will be carrying heavy loads to altitudes in excess of 5,000 feet elevation. Prolonged confinement within cramped tents or snow caves due to bad weather may occur. Weather conditions may prevent or delay rescue attempts at high elevation for many hours. Lives have been lost and many serious injuries have occurred on Mt. Katahdin. Many people have underestimated the difficulties of mountaineering expeditions on its rugged slopes. The mountain demands respect.

In light of the above, do you feel you can safely and effectively participate in a winter expedition in Baxter Park? Your life and the lives or rescue team members may depend on your good judgment. A complete physical examination by a qualified physician is strongly recommended for all persons planning to participate in technical climbing expeditions.

Date of Birth _____ Height _____ Weight _____ Color Hair _____ Color Eyes _____ Sex _____

Next of Kin _____ Telephone 1-()-_____

Address of Next of Kin _____

(Name of Applicant)

I, _____, certify I have read the above and understand the conditions likely to be encountered on any mountaineering expedition in Baxter State Park during the winter and that I am physically and mentally fit for the proposed mountaineering expedition. I further certify that I will hold the State harmless for any injuries received.

Applicant Signature

Address

Date Signed

This form must be completed by each party member and received at Park Headquarters in Millinocket together with the correct fees before any trip is approved. When permission for a trip is granted, the approval notice and reservation confirmation will be mailed to the party leader.

CERTIFICATION OF TRAINING AND EXPERIENCE

All leaders and alternate leaders for winter activities in Baxter State Park except day use below tree line must complete this form. The information on this form will help determine the approval or disapproval of your application. Please type or print clearly.

Winter Activity

(1) ☐ camping

(2) ☐ alpine skiing

(3) ☐ technical climbing

Party Status

(1) ☐ leader

(2) ☐ alternate leader

(3) ☐ members

Training

Outline in detail the training you have received in the winter activity(s) checked above. Begin with the most recent and work back to the initial training. Include names and addresses of references.

Experience

Outline in detail your experience in the winter activity(s) checked above. Begin with the most recent and continue in reverse order by year. Include names and addresses of references.

I, _____, certify that the information included herein is true and correct. I further agree to abide by all of the requirements set forth in the Rules and Regulations and administrative procedures governing winter use in Baxter State Park.

Signature

Address

Typed or Printed Name