

Winter Mountaineering School

Sponsored by the Adirondack Mountain Club

General Information

Come experience an Alpine Winter Adventure! Whether you've just started on the trail to become a winter mountaineer or have some experience, Winter Mountaineering School may be just what you need to learn new techniques, refine existing skills, and experience new activities. The Adirondack Mountain Club has sponsored Winter School for over 50 years. The purpose is to promote enjoyable and successful winter mountaineering and camping. Winter Mountaineering School is focused on learning by doing and is held in the Adirondack Mountains of New York.

The following areas are typically covered in our programs. Note that not everything will be covered every year – much depends on the snow conditions at the time of the program and the interests of our students:

- Trip planning and leadership
- Snowshoe, crampon and ice axe techniques
- Use of map, compass, altimeter, and GPS
- On and off trail navigation
- Winter backpacking skills
- Constructing snow caves, igloos or other snow shelters
- Steep snow and ice climbing
- Safe above-treeline travel under winter conditions
- Wilderness first aid and safety
- Avalanche awareness
- Hydration, nutrition and winter backcountry kitchen skills

Our experienced, all volunteer staff will help you learn new or practice existing skills in small groups with low participant to staff ratio. The length of the program allows you ample time to hone your skills in a fun and supportive team environment.

Come join us this year and meet others who share similar interests and objectives. Past participants have included three season hikers and backpackers, skiers, trip leaders and experienced winter mountaineers wishing to refine their skills or looking for some excitement and adventure.

Program Dates and Options

Weekend Day
Hikes/Workshops

This section begins Friday, January 29th and ends at noon on Monday, February 1st. It features lectures Friday and Saturday, workshops and shorter hikes on Saturday and Monday, and a climb of an above 4,000-foot peak on Sunday.

Web - <http://www.winterschool.org>
E-Mail - programinfo@winterschool.org
Phone – 518-523-3441

US Mail – Winter Mountaineering School, ADK, P.O. Box 867, Lake Placid, NY 12946

Winter Mountaineering School

Sponsored by the Adirondack Mountain Club

Weekend Backpacking	This section also Friday, January 29th and ends at noon on Monday, February 1st. It features an evening lecture on Friday, followed by a Saturday to Monday backpack into remote area with a climb of an above 4,000-foot peak on Sunday.
Week Long Combination Day Hikes /Backpacking	This section includes all the activities of the weekend day hike section, followed by a backpack from Monday to Thursday into a remote area for additional ascents and instruction. The weeklong combination program begins Friday, Friday, January 29th and ends on Thursday, February 4th.

Program Costs

	Program Fee, Room & Board	Membership Fee if not A member Of the ADK*
Weekend Day Hiking	\$340	\$50
Weekend Backpacking	\$340	\$50
Weeklong Combination	\$395	\$50

Room & board include sleeping space in a bed in a bunkhouse. Toilet and shower facilities are available and included. Meals are high quality and all you can eat and include breakfast and dinner with a sandwich buffet table to prepare lunch each day. Students on backpacks will provide their own meals while away from our base of operations. A soup/sandwich buffet is scheduled for each returning backpack group. Showers are available for returning backpackers.

Payment can be by check or credit card made payable to the ADK. We accept Master Card or Visa Card.

*Membership in the ADK is required to participate in the program.

Registration Deadline – January 15, 2010

Selecting a Program Option

To enjoy Winter Mountaineering School, you must arrive in good health and in good physical condition. Stamina (cardiovascular fitness) and leg strength are important factors. Available trip options for all programs will be based upon the applicants' experience, physical condition, equipment and interest in what is offered. The director of each program reserves the right to limit participation on trips to persons with adequate equipment and physical conditioning.

Web - <http://www.winterschool.org>
E-Mail - programinfo@winterschool.org
Phone – 518-523-3441

US Mail – Winter Mountaineering School, ADK, P.O. Box 867, Lake Placid, NY 12946

Winter Mountaineering School

Sponsored by the Adirondack Mountain Club

If the weekend dates work best for you, you may select either weekend day trips or weekend backpacking. If you select weekend backpacking, the program director will assess your prior experience and physical condition. If your prior experience and physical condition do not meet the program requirements, you might be asked to move to weekend day trips. If you don't wish to make the change, your payment will be refunded.

If you prefer an extended program, consider the weeklong combination day hikes & backpack section. If your prior experience and physical condition do not meet the program requirements, you might be asked to move to a weekend section. Students being asked to move will be refunded the difference in the cost of the programs.

Students registered to participate in the combination day hike & backpack program will spend part of the day Saturday on a hike with a full winter load so staff can assess if your prior experience and physical conditioning match what was stated on your application. This assessment day is being done so students who have prepared for the program thoroughly are not as likely to be held back by students who arrive unprepared or unable to keep up physically.

Base of Operations

The program will be based out of Adirondack Mountain Club's Adirondack Loj in the heart of the Adirondack High Peak's region near Lake Placid, New York. The Loj is about a 2.5-hour drive from Albany. For more information about our base camp, please see their web site at www.adk.org.

This facility provides a warm and comfortable place to gather each evening and participate in special interest programs, adjust and repair equipment, dry wet clothing and enjoy hearty meals. Staff will always be available to interact with students and answer questions.

Equipment

A detailed Student Handbook and Equipment list are available from our website, or by calling ADK at 518-523-3441. Please review the equipment requirements before submitting your application. Send us an email at techinfo@winterschool.org if you have any questions regarding equipment.

Application Information

- 1 Apply early, attendance is limited.
- 2 Applicants under 18 years of age must have a parent or legal guardian sign the application. Applicants under 16 years of age must be accompanied by a responsible adult.
- 3 All course participants must have a current membership with the ADK.
- 4 Read all the information in the general information package, application form and equipment list to determine which program is best for you.

Web - <http://www.winterschool.org>
E-Mail - programinfo@winterschool.org
Phone – 518-523-3441

US Mail – Winter Mountaineering School, ADK, P.O. Box 867, Lake Placid, NY 12946

Winter Mountaineering School

Sponsored by the Adirondack Mountain Club

- 5 Complete the following forms (enclosed or available from our website):
 - a. Winter Mountaineering School Application
 - b. ADK Acknowledgment of Risk
 - c. ADK Release of Liability
 - d. ADK Medical Information Form
 - e. ADK Photo Release
- 6 Make check or money order (no cash please) **payable to ADK**.
Master Card or Visa Card are also accepted. Please see the application form to enter your card information.
- 7 **Mail completed forms to Winter Mountaineering School, ADK, P.O. Box 867, Lake Placid, NY 12946.**
- 8 Receipt of your application will be acknowledged after which the ADK will deposit your check or credit card information and send you additional information.
- 9 Cancellations and Refunds. Cancellations received on or prior to **December 15th** will be granted a full refund. No refunds will be granted for cancellations received less than three weeks before the course starting date or for "no shows. Winter Mountaineering School is offered once per calendar year and because of this and the limited space available we are unable to make exceptions to this policy.
- 10 If two members of the same family attend, a family discount for the second person will be granted. The discount will be \$25 for the weekend programs and \$50 for the weeklong programs. If applicable, please deduct from your total fee. If the second person cancels from the school, the person attending will be expected to pay the full fee.
- 11 The section director or sub-section director reserves the right to guide the applicant to appropriate program or trips based on the applicant's experience, equipment or physical condition. Selections will not be based on an applicant's race, religion, sex or national origin.
- 12 It may not be possible to safely conduct Winter Mountaineering School under severe weather conditions. While every effort will be made to complete the school as planned. Each director and sub-section director reserves the right to delay, terminate, or otherwise modify program activities in order to protect the safety of every participant. Refunds are **NOT** given in the event of such program modifications.

Thank you for contacting us about Winter Mountaineering School!

Web - <http://www.winterschool.org>
E-Mail - programinfo@winterschool.org
Phone – 518-523-3441

US Mail – Winter Mountaineering School, ADK, P.O. Box 867, Lake Placid, NY 12946

Winter Mountaineering School

Sponsored by the Adirondack Mountain Club

Mail your application to:

<p>Winter Mountaineering School ADK – P.O. Box 867 Lake Placid, NY 12946</p>

Program Costs – New York

	Check Program Desired	Program Fee, Room & Board	Membership fee if not a member of the ADK*
Weekend Day Hiking	_____	\$340	\$50
Weekend Backpacking	_____	\$340	\$50
Weeklong Combination Trip	_____	\$395	\$50

Total Enclosed: _____

ADK Membership Number: _____

Payment can be by check or by credit card payable to the ADK. We accept Master Card or Visa Card.

Name on Application _____
Type of Credit Card _____
Card Number _____
Card Expiration Date _____
Amount of payment _____
Printed name on card _____

Signature of cardholder _____

If you are unsure of which option is best for you, you may:

- Send an e-mail to us at: programinfo@winterschool.org
- Call 518-523-3441
- Or, send a post card to the ADK, with your name & telephone number and someone will contact you to assist in choosing the appropriate option.

ADIRONDACK MOUNTAIN CLUB, INC.

P.O. Box 867
Lake Placid, NY 12946-0867
(518) 523-3441

MEDICAL INFORMATION

In the interest of personal safety of the program participants and the leader(s), please answer the following questions thoroughly.

Participant Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Program Name: _____ Program Date(s): _____

MEDICAL INFORMATION: Please be candid

Yes No Do you have diabetes, asthma, seizures, or cardiac problems? If yes, please describe:

Yes No Do you use any medications? If yes, please list and identify the condition they are for:

Yes No Do you have any kinds of allergies (drugs, insects, plants, iodine)? If yes, please describe:

Yes No Have you ever had any bone, muscle or joint injury? If yes, please describe including current status:

Yes No Have you ever had frostbite or Raynaud's syndrome, circulatory problems, or heat stroke? If yes, please describe:

Yes No Do you have any special dietary requirements? If yes, please describe:

Height _____ Weight _____ Age _____ Gender _____

Please describe any other injuries or medical conditions not identified above:

Please describe any first aid or emergency medical training you completed (incl. current certifications):

IN CASE OF EMERGENCY CONTACT:

Name: _____	Relationship: _____
Address: _____	City, State, Zip _____
Phone (Day): _____	Phone (Night): _____

IMPORTANT: The information provided above is a complete and accurate statement of any physical conditions that may affect my participation with this program. I realize failure to disclose such information could result in serious harm to myself and fellow participants.

SIGNATURE OF PARTICIPANT _____ DATE _____

OVER

ADIRONDACK MOUNTAIN CLUB, INC.

P.O. Box 867, Lake Placid, NY 12946

(518) 523-3441

SAFETY AND RISK MANAGEMENT

Safety is a fundamental part of the Adirondack Mountain Club (ADK) operation. Safety is taught and practiced on every program offered by the Adirondack Mountain Club. Despite operating to the best of our capabilities, the possibility of an accident still exists. We cannot - nor can anyone - reduce that possibility to zero.

Before you arrive, thoroughly read all program materials, and call us if you have any questions. The Acknowledgment of Risk statement (below), Release of Liability form (on back of this page), and the Medical Information form (next page) must be completed and signed before you can attend the program.

ACKNOWLEDGMENT OF RISK

In consideration of the services of the Adirondack Mountain Club, their employees, members, trip leaders, chapters, groups, representatives or agents and all other persons or entities acting in any capacity on their behalf (collectively referred to as ADK), I agree as follows:

I acknowledge that the Adirondack Mountain Club's Winter Mountaineering School, January 30-February 5, 2009 entails known and unanticipated risks that cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability, or death.

I understand that ADK does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the activities' inherent risks. The following describes some, but not all, of those risks:

ADK programs camp and travel out of doors, where they are subject to numerous risks, environmental and otherwise. Activities vary from program to program, and include hiking and backpacking, rock climbing, mountaineering, whitewater and flatwater canoeing and kayaking, skiing, snowshoeing, fishing, and trail work. In the backcountry, meals are prepared over gas stoves and water requires disinfection before use. Camping risks and hazards include burns, cuts, diarrhea and flu-like illness. ADK programs occur in remote places, many hours from medical facilities. Communication and transportation can be difficult and sometimes evacuations and medical care may be delayed. Travel is by vehicle, canoe, kayak, skis, on foot and by other means, over rugged unpredictable terrain, including stream crossings, snow and ice, steep slopes, slippery rocks, and downed timber. Environmental risks and hazards include rapidly moving, deep, or cold water, insects, falling or rolling rock, lightning, avalanches, floods, and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions. Decisions are made by the instructor(s) and participants in a wilderness setting, based on a variety of perceptions and evaluations which by their nature are imprecise and subject to errors in judgment. Throughout the course, participants are responsible for their own safety and for the safety of other members of their course.

I am aware that ADK programs include risks of injury or death to myself. I understand the description above of these risks is not complete and that other unknown or unanticipated risks may result in property loss, injury, or death. I expressly agree and promise to accept and assume all the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks. I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representatives and estate and all members of my family.

SIGNATURE OF PARTICIPANT _____

PRINT NAME _____ DATE _____

IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST READ AND SIGN BELOW:

I am the legal guardian of the above minor and have read the above ACKNOWLEDGMENT. I hereby consent to the terms of the ACKNOWLEDGMENT on behalf of the named minor, and give my consent to the participation of the above named minor in all activities of ADK on the terms stated.

SIGNATURE OF PARENT/ GUARDIAN _____

PRINT NAME OF PARENT/ GUARDIAN _____ DATE _____

ADIRONDACK MOUNTAIN CLUB, INC.

P.O. Box 867, Lake Placid, NY 12946
(518) 523-3441

RELEASE OF LIABILITY

By signing below, I acknowledge that the outdoor recreational activities associated with the above described program to be conducted by the Adirondack Mountain Club, Inc, (ADK) may be hazardous, and may result in loss, damage, or death;

With full knowledge of these dangers, I hereby agree for myself, all of my family members and heirs to RELEASE ADK and any of its employees, members, trip leaders, chapters, officers, directors, governors, or agents liability claims demands or any causes of action and agree NOT TO MAKE ANY CLAIM against ADK or any of its chapters, representatives or agents whatsoever which may arise during my participation in the Adirondack Mountain Club's Winter Mountaineering School, January 29 - February 4, 2010.

I intend this RELEASE OF LIABILITY to be effective whether or not any loss, damage, injury or death results, in whole or in part, from the negligence of the ADK, or any of its agents, employees, officers, instructors, guides, directors, governors, trip leaders and/or members. I understand that negligence means a failure to do an act which a reasonable and careful person would do, or the doing of an act which a reasonable and careful person would not do, under the same circumstances, to protect himself, herself or others from injury or death.

I assume full responsibility for my personal injuries, including injuries resulting in death, which might occur as the result of my own negligence and/or the negligence of lack of care of ADK, its employees, members, chapters, trip leaders, groups, representatives or agents.

I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well being while participating in the Adirondack Mountain Club's Winter Mountaineering School, January 29 - February 4, 2010.

SIGNATURE OF PARTICIPANT _____

PRINT NAME _____ DATE _____

IF UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST READ AND SIGN BELOW:

I am the legal guardian of the above minor and have read the above RELEASE. I hereby consent to the terms of the RELEASE on behalf of the above-named minor, and give my consent to the participation of the above-named minor in the outdoor recreational activities of the ADK.

SIGNATURE OF PARENT/ GUARDIAN _____

PRINT NAME OF PARENT/ GUARDIAN _____ DATE _____

****Signing this liability waiver is a necessary prerequisite to participation in ADK programs****

ADIRONDACK MOUNTAIN CLUB, INC.

P.O. Box 867
Lake Placid, NY 12946-0867
(518) 523-3441

PHOTO RELEASE

For valuable consideration, I, _____, hereby give to and grant to the Adirondack Mountain Club, Inc., the unrestricted right and permission to use and publish any and all photographs which its employees, assignees, licensees or representatives may have taken of me for any purpose whatsoever, including (but not limited to) illustration, program promotion, publicity, and advertising.

For valuable consideration received, I hereby release the Adirondack Mountain Club, Inc. from any and all claims and causes of action arising out of use if said photographs of me, including any and all claims for libel.

I am over the age of eighteen. I have read the foregoing and state that I fully understand the meaning of same.

SIGNATURE OF PARTICIPANT _____ DATE _____

IF UNDER EIGHTEEN YEARS OF AGE, PARENT OR GUARDIAN MUST READ AND SIGN BELOW: I am the legal guardian of the above minor and have read the above PHOTO RELEASE. I hereby consent to the terms of the PHOTO RELEASE on behalf of the named minor.

SIGNATURE OF PARENT/ GUARDIAN _____ DATE _____