



Museum of Science.

## Washburn Climb – July 16, 2012 – Volunteer Application

All pages of the application must be completed and returned to the Museum of Science by mail, email, or fax by April 30, 2012. Your participation will be confirmed by the Museum of Science by May 16. The Museum of Science reserves the right to decline any applicants for any reason. If you have any questions, call 617-589-4208. Please feel free to attach additional pages if necessary.

Send completed applications to:

**Museum of Science**

Attn: 2012 Washburn Climb  
Annual Giving Department  
1 Science Park  
Boston, MA 02114-1099

**Email:** climb@mos.org

**Fax:** 617-589-4448

**Personal Information (Please print clearly):**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be 18 years of age or older)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

I would like to be contacted at:  Home  Work  Cell  Email

Shirt Size  Small  Med  Large  XL

Are you registering to be a  Hike Leader  Ham Radio Operator  Operational Volunteer

**Hiking Experience**

This is so we can get to know you better. Climbing Mt. Washington is not to be undertaken lightly.

Have you ever climbed Mt. Washington before?  Yes  No

If yes, when? \_\_\_\_\_

How long did a complete ascent/descent take you? \_\_\_\_\_

If not, what and when was the most strenuous mountain hike you have done? \_\_\_\_\_

How long did a complete ascent/descent of that mountain take you? \_\_\_\_\_



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## Washburn Climb – July 16, 2012 – Volunteer Application (cont.)

Please describe your experience leading or guiding hikers and any wilderness or first aid training. Hike leaders will be required to commit to leading a training hike between March 1, 2012 and July 1, 2012. Do you foresee any issues with this?

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### Connection to the Museum of Science

Are you a Museum of Science member? \_\_ Yes \_\_ No

How did you learn about the Washburn Climb?

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Please describe why you would like to volunteer for the Museum of Science.

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What other community/charity volunteering are you involved with?

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We will hold a briefing at the Museum of Science for **all** climbers and volunteers about the logistics, accommodation, route, safety plans, etc. on **July 11, 2012**. Do you foresee any conflicts with attending this briefing?

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Is there anything else you would like us to know?

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**Museum of Science.**

**Museum of Science Terms and Conditions for the 2012 Washburn Climb**

Please read the following carefully before signing below.

**Emergency Information** (Required by All Registrants)

In the event of an illness, injury or medical emergency arising during the event or in transportation to/from said event, I hereby authorize and give my consent to the Museum of Science to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment, and hospitalization. The following person should be contacted in the event of an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number \_\_\_\_\_

My Allergies to medications \_\_\_\_\_

Other Pertinent Medical Information \_\_\_\_\_

**Volunteer Responsibilities**

I understand that my role as a volunteer may require me to climb to pre-designated positions on Mount Washington, record and log climbers' progress, check in with a central coordinator, operate a cell phone and signal boost antennae unit which will be provided by the Museum, and assist any injured climbers. I attest that I am aware of basic mountain safety procedures and am physically able to assist people as needed. I agree to stay with another Washburn Climb participant at all times when on the mountain and not attempt to hike alone. I am willing to operate a non-commercial motor vehicle, if required, for the transportation of climbers or other volunteers during this event and I confirm that I have the requisite legal license(s) to do so and that I take full responsibility for abiding by any and all local and state rules of the road. I hereby agree to abide by the rules of the Museum with regard to the event and agree to follow instructions from the Museum's representative(s) at all times during the event, including being personally withdrawn from the event or assisted down from the mountain for safety reasons as determined by the Museum's representative(s).

**Releases and Liability Waiver** (Required For All Registrants)

I understand that hiking Mount Washington is not to be undertaken lightly and I have considered all the risks inherent in the severe conditions on and around the mountain. I recognize that there are no medical facilities on the trails or at the summit. I hereby attest to my good health and physical condition. I am over the age of 18 and do not require parental, guardian, or medical approval to take part in this fundraising activity. I understand and represent that the Museum has not requested that I organize or participate in this event and that the Museum has not made any guarantees in connection with the event. I further understand and hereby represent that my training for and participation in the event is purely voluntary and was not requested by the Museum. I acknowledge that the Museum has no knowledge of my health or abilities as they may relate to my training for or participation in the event, nor any responsibility for ascertaining such, but that I am solely responsible for making such determinations. I am aware of the physical demands and hazards of training for and participating in this event, and I am physically fit and will train sufficiently for it. In addition, I agree to assume all responsibility for any and all risk of damage or injury that may occur to me as a Museum of Science participant in the Washburn Climb. In consideration of my registration for this event, I hereby, for myself, my heirs, executors and administrators, release and discharge the Museum of Science, their employees, volunteers and consultants and any and all Climb sponsors from all claims, damages, rights of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of, or in incident to, my preparation for and participation in this event. I also grant permission for the use of my name and/or picture in any broadcast, photography or other account of this event.

Signature \_\_\_\_\_

Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for applying to volunteer for the Museum of Science 2012 Washburn Climb!**