

## XTR Rappel Application

### Applicant Information

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Home E-mail Address: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Work E-mail Address: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male Female

Please list any current medications or health conditions which may require special attention:

### Rappel Equipment and Experience (\*Spectators can skip this section)

Years experience: \_\_\_\_\_

Please list and describe three rappels which you have done:

1. \_\_\_\_\_ Height: \_\_\_\_\_
2. \_\_\_\_\_ Height: \_\_\_\_\_
3. \_\_\_\_\_ Height: \_\_\_\_\_

Please list current equipment:

Gear Color Code: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Harness Type: \_\_\_\_\_

Rack Type: \_\_\_\_\_

Climbing System: \_\_\_\_\_

Safety Device: \_\_\_\_\_

Have you used a Stainless Steel Long Rack? YES  NO  (minimum 20" SS Rack required for rappels over 1000 ft.)

Do you have any rigging experience? YES  NO  Describe: \_\_\_\_\_

Please list any training (vertical/medical/NCRC) which you have had and applicable dates:

### XTR Trip Information

I am applying to be a team member on the \_\_\_\_\_ rappel trip. Enclosed Deposit of \$ \_\_\_\_\_

I wish to; Rig: \_\_\_\_\_ Rappel: \_\_\_\_\_ Climb: \_\_\_\_\_ \*Spectator only: \_\_\_\_\_

### Emergency Contact Information

Please fill in the following information for the person you wish us to contact in case of an emergency:

Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Home Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Family Doctor's Phone: \_\_\_\_\_

**XTR Rappel Application (Page 2)**

**References**

Please list three persons knowledgeable of your rappelling experience.

*Required for all new El Capitan applicants: List at least one member of the successful 1996, 2001 or 2004 El-Cap rappel teams, who will be responsible for you. A signed written letter from the previous El Cap team member, stating your skills/ experience and ability to function as a team member in an extreme environment is needed to complete the application process, it does not have to be submitted at this time but should be submitted prior to the Whitesides practice rappel.*

Full Name: _____	Email: _____
Address: _____	Phone: (    ) _____
Rappel Location: _____	
Full Name: _____	Email: _____
Address: _____	Phone: (    ) _____
Rappel Location: _____	
Full Name: _____	Email: _____
Address: _____	Phone: (    ) _____
Rappel Location: _____	

**Disclaimer and Signature**

I \_\_\_\_\_ certify that my answers are true and complete to the best of my knowledge. I understand that Rappelling and Climbing are dangerous and this expedition will be attempting to rig, rappel and climb a sheer rock face or other vertical structure. I do hereby acknowledge that I have the Experience and Skills required to participate in such an event. I agree NOT to hold any and all members of the team or any officials, affiliates and/or employees of eXTreme Rappels, the National Park Service or any others responsible for any injuries or death incurred to myself or others while participating with this event.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Checklist:**

1. Fill out both pages of the application by clicking on each shaded box and typing info; \*Spectators only need one previous team member's reference and no letter required.
2. Print both pages
3. Sign application and have witnessed
4. Enclose an appropriate passport-like photo
5. If applying for your first El Capitan trip, a letter of recommendation is required to complete the application process, it does not have to be submitted at this time but should be submitted prior to the Whitesides practice rappel.
6. Enclose a check or money order for the appropriate amount, payable to eXTreme Rappels LLC
7. Mail to eXTreme Rappels LLC, PO Box 21, Newcomerstown, OH 43832