

**Yosemite National Park**  
**Special Use Permit Application**  
**For Tax Exempt Guiding Services, Groups and Organization**

**INFORMATION FOR APPLICANTS**

Thank you for your interest in obtaining a Special Use Permit (SUP) to operate guided activities in Yosemite National Park. This is a limited authorization for commercial groups to provide specific services within the boundaries of the park, and is issued by Yosemite National Park for one calendar year. The following are the general criteria under which this Special Use Permit is issued:

- The activity authorized must be appropriate to the purposes for which the Park was created, as set forth in its authorizing legislation, without having a negative impact on Park resources.
- The commercial aspects of the activity (such as marketing, advertising, use or construction of any structures, etc.) must take place outside of the Park.
- All services must originate and terminate outside park boundaries. Monies may not change hands within the park.
- The services provided must not conflict with the rights provided under any concession contract.
- Permit holder(s) must comply with all applicable federal, state and local laws related to their business or activity.

**Guided climbing activities and guided bicycle touring are not permitted in Yosemite National Park.**

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**HOW TO APPLY**

**To apply for a Special Use Permit to guide organized activities in Yosemite National Park, please submit the following documents:**

1. **A completed the Special Use Application for Tax Exempt Guiding Services, Groups and Organizations (form attached).**
2. **A copy of your current brochures and advertising materials.**
3. **A copy of your "Acknowledgment of Risk/Release of Liability" form, if you provide one to clients. (See attached policy document regarding release of liability statements.)**
4. **A copy of your wilderness or field safety plan.**
5. **A non-refundable application fee of \$50, made payable to "DOI-NPS" (Department of the Interior-National Park Service) to cover initial application processing costs.**

**Mail application materials to:**

**Yosemite National Park  
Office of Special Park Uses  
P.O. Box 700  
El Portal, California 95318**

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**Additional documents to be submitted at a later date:**

**ONCE YOUR APPLICATION HAS BEEN REVIEWED**, and if the activity is approved, a Special Use Permit will be sent to you for your signature. At that time, you will need to provide the following:

- A current certificate of insurance documenting adequate liability coverage of the types and limits specified as conditions of the permit. A minimum commercial general liability coverage of \$1,000,000 per occurrence will be required. Passenger transportation must also meet automobile liability levels set by the Department of Transportation (DOT). The insurance certificate must specify no right of subrogation against the United States Government, and must name the United States Government, Yosemite National Park as additional insured. The certificate must specify that the service(s) authorized by the permittee be covered by the insurance policy.
- A fee for the administrative and monitoring costs associated with your permit will be required. The costs vary from permit to permit and will be determined by the type of activity and the administration and monitoring required for your permit. Be prepared to pay up to \$350 for these costs. Contact the Office of Special Park Uses at the number below to obtain a more accurate estimate of costs specific to your permit.
- A more detailed itinerary of your proposed trips, due before your season of operation begins. (Blank itinerary forms will be sent to you with your permit packet.)
- An annual survey is required to be completed at the end of each permit year. Information includes the number of clients, number of trips to the Park, length of stay, injuries occurring in the Park, as well as notice of your intent to renew your permit for the next calendar year. This form must be completed and returned to this office by the specified deadline noted on the form.

## Explanation of Application Questions

1. Self explanatory
2. Self explanatory
3. Tax Exempt must show 501-3c Federal Tax Exemption notification from the IRS, or similar document. As a tax exempt organization, do you expect to declare taxable income from your activity occurring in Yosemite National Park?
4. Do you now or have you had, within the past 5 years, a license, permit or authorization to do business within any federal or state land management agency such as the US Forest Service, Bureau of Land Management, National Park Service, State Parks, etc. If so what agency, when was the permit/license/authorization issued, what type(s) of services did your permit allow you to conduct, and what names were these permits issued under (i.e., personal name, dba, aka, corporation)?
5. (A) Guided climbing activities and guided bicycle touring are not permitted in Yosemite National Park.  
 (B) What months of the year do you plan to operate within the park, e.g., June-August, Feb-April?  
 (C) What areas of the park do you plan to use. What trails, trailheads, routes of travel, campgrounds, facilities, etc?  
 (D) How many trips into the Park, per year, do you anticipate?  
 (E) What will be the length of your trips, shortest to longest, (e.g., 4 hours to 14 days)?  
 (F) What group size(s) do you plan to bring into the park? This includes guides. List livestock separately. [Park regulations allow groups of up to 15 on maintained trails and 8 maximum on cross country routes.]  
 (G) Self explanatory.  
 (H) Do your guides have experience guiding groups? Do they have knowledge and experience hiking the terrain upon which they will be leading groups? Do they have experience guiding groups in changing elevations, climate and weather conditions? Are they at least 18 years old? Are they trained in Leave-No-Trace principles? Do you require them to be trained in the safe handling of food in outdoor situations? Do they have CPR certification? Do they have emergency medical certification; can they manage a sick or injured client or sick or injured stock in the backcountry? [All guides must be certified to perform CPR and have a minimum certification of Standard First Aid. Wilderness First Aid is "recommended" for any trip leader guiding overnight backcountry trips.]  
 (I) Do you plan to use motorized pumps, generators or other similar equipment while in the park, outside of an established front county campground? [These items are not permitted in the wilderness.]  
 (J) What type of stock animals do you plan to use, horses, mules or llamas? [Stock use is regulated under a separate permit from hiking and backpacking.]  
 (K) Will you be providing food or preparing meals for you clients? A food safety handlers certificate or Certified Professional Food Manager certificate is required when handling or preparing food for clients. If the clients handle and prepare their own meals this certification is not necessary.  
 (L) Will you use your vehicles to transport clients into or out of the park, or will they use their own vehicles. Transporting clients as part of the business operation requires authorization through the California Public Utilities Commission, for California companies, or the Dept of Transportation for non-California companies

# Yosemite National Park Special Use Permit

Tax Exempt Guiding Services, Groups and Organization

## APPLICATION

Submit completed applications to: Yosemite National Park  
Office of Special Park Uses  
P.O. Box 700  
El Portal, CA 95318  
Phone: (209) 379-1851, FAX (209) 379-1853

U.S. Federal Tax ID #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Business Name: \_\_\_\_\_ Fax : \_\_\_\_\_

Applicant's Complete Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Web Page: \_\_\_\_\_

(Please note if address & phone numbers are only for winter or summer use. If different information is used for different times of year please show this information at the top of this page or on an attachment.)

1. As an applicant, are you a(n):  Individual  Corporation  Partnership/Association  
 State Government/State Agency (Check One)

2. If you are an individual or partnership, are you also a citizen(s) of the United States?  Yes  No (Check One)

3. Is your company or group acknowledged as a Tax Exempt entity by the IRS?  Yes,  No (Check One)  
(If "Yes", please send a copy of your IRS tax-exempt notification.)

Do you expect to declare taxable income from the portion of your activity which will occurs in Yosemite National Park?  Yes,  No (Check One) (If "Yes", you may need to apply for a Commercial Use Authorization instead.)

4. Have you ever provided, or are you currently providing, services under a license/permit issued by a state or federal land management agency?  Yes,  No (Check One)  
(If "yes", please indicate the agency (agencies), location(s), dates, type of service offered, and all previous names used in these operations: (Attach additional page if needed))

### 5. DESCRIPTION OF THE PROPOSED ACTIVITY (Complete the following. Attach additional pages if needed).

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A. Services to be offered: (Circle all that apply.)

- Guided Backpacking*
- Guided Hiking*
- Guided Cross Country Skiing/Snow Shoeing*
- Photography Workshop*
- Step-On-Guiding*
- Other: \_\_\_\_\_*

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B. Season of Operation ( list months)

SUP Application continued

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C. Park Location(s)/Route(s):

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D. Estimated number of trips/year:

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E. Estimated duration of trip/session:

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F. Estimated group size (include guides): (15 maximum allowed on trails; 8 maximum for cross country travel)

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G. Safety plan (steps taken to insure the safety of client groups during their park outings, such as safety training, evacuation and emergency procedures, contact points, first-aid equipment, etc. Explain here or attach related excerpts from your operations manual or other written safety plan):

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H. (Check all that apply) Are your guides certified in:

CPR \_\_\_ Basic First Aid \_\_\_ Wilderness First Aid \_\_\_ Wilderness First Responder \_\_\_ Other EMS cert. \_\_\_\_\_

Are your guides trained or experience in :

Wilderness guiding \_\_\_ Leave No Trace Practices \_\_\_ Backcountry food handler training \_\_\_

Search and Rescue Basics \_\_\_ Other (list) \_\_\_\_\_

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I. Will motorized equipment be used? [ ] Yes [ ] No If "yes," describe:

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J. Will stock animals be used? [ ] Yes [ ] No If "yes," describe:

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K. Will food be prepared and provided by you? [ ] Yes [ ] No

If "yes," do you have a current food safety handler certificate [ ] Yes [ ] No

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L. Will you provide your clients with transportation into and/or out-of the Park? [ ] Yes [ ] No

If "yes," describe mode of transportation and list CA or PUC Authority number(s):

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I HEREBY CERTIFY that I am of legal age and authorized to do business in the state of California and that I have personally examined the information contained in this application and that this information is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature (Print Name)

\_\_\_\_\_  
Date

Title 18, U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.

**This information is for those permit holders who require clients to sign Acknowledgement of Risk (Waivers of Liability) Forms.**

**Acknowledgement of Risk (Waivers of Liability)** – NPS policy states that operators cannot require visitors (clients) to waive their right to hold Commercial Use Authorization (CUA) or Special Use Permit (SUP) holders responsible for actions.

1. The Holder **is not** permitted to require clients to sign a waiver of liability statement or form, insurance disclaimer and/or indemnification agreement.
2. The Holder is permitted to request or require clients to sign an acknowledgement of risk statement or form prior to participation.
3. The Holder may require or request a client sign a form or statement indicating that the client has certain prerequisite skills that may be required to participate in the commercial activity.
4. If the Holder uses an acknowledgement of risk form, a current copy of the form must be sent to the Office of Special Park Uses for written approval prior to issuance of the CUA or SUP. A CUA or SUP will not be approved if the Acknowledgement of Risk for is not approved by the park.

An editable copy of the National Park Service recommended Acknowledgement of Risk format can be downloaded at [www.nps.gov/yose/permits](http://www.nps.gov/yose/permits) . You may use this form to add your information in the appropriate spaces, however, please do not change the document text, as this will delay the approval of your permit while the form is reviewed.

If you have questions regarding this information please contact [Ruth.Middlecamp@nps.gov](mailto:Ruth.Middlecamp@nps.gov) in the Office of Special Park Uses (209-379-1851).

VISITOR'S ACKNOWLEDGEMENT OF RISKS

In consideration of the services of \_\_\_\_\_ their officers, agents, employees, and stockholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as "\_\_\_\_\_") I agree as follows:

Although \_\_\_\_\_ has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, \_\_\_\_\_ has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. \_\_\_\_\_ does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks.

[description of risks]

I am aware that \_\_\_\_\_ entails risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for 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 acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the staff of \_\_\_\_\_ has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

I have carefully read, clearly 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 representative and estate and for all members of my family, including minor children.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Signature of Parent of Guardian, if participant is under 18 years of age

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date