

# Sweet Pickle Tours

## 2010-2011 Tour Application

APPLICANT'S NAME: \_\_\_\_\_

Tour Choice (check any for which you wish to register; price is \$655 each)

- |   |   |
|---|---|
| <input type="checkbox"/> Newport/Rhode Island Beaches, Aug. 27-29, 2010 | <input type="checkbox"/> Portland/Freeport, April 1-3, 2011     |
| <input type="checkbox"/> Big 'E'/Springfield, Sept. 24-26, 2010         | <input type="checkbox"/> Red Sox/Boston, May 13-15, 2011        |
| <input type="checkbox"/> Cape Cod, Oct. 15-17, 2010                     | <input type="checkbox"/> Old Sturbridge Village, June 3-5, 2011 |
| <input type="checkbox"/> Mystic/Foxwoods Casino, Nov. 5-7, 2010         | <input type="checkbox"/> Lake George, July 15-17, 2011          |

STAFF RATIO:  Regular (1:4 ratio typically)  Extra-Assistance (1:2 ratio typically) Note: Extra-Assistance tours have a surcharge of \$40/day

### GENERAL INFORMATION: (Please Print!)

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Home Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Agency Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_  
Agency Address (if different from home address): Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
To which address should trip information be sent? \_\_\_\_\_  
Person completing this application: \_\_\_\_\_ Relationship or Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Agency Fax: (\_\_\_\_) \_\_\_\_\_ Emergency phone # (for nights or weekends): (\_\_\_\_) \_\_\_\_\_  
Person completing this application: \_\_\_\_\_ Relationship or Title: \_\_\_\_\_

### PHYSICAL INFORMATION:

Blind? \_\_\_\_\_ Eyeglasses? \_\_\_\_\_ Deaf? \_\_\_\_\_ Hearing Aid? \_\_\_\_\_ Control of bowel and bladder? \_\_\_\_\_  
Autism? \_\_\_\_\_ Diabetic? \_\_\_\_\_ If diabetic is insulin taken? \_\_\_\_\_ If insulin taken is this self-injected? \_\_\_\_\_  
Language/Communication difficulties \_\_\_\_\_  
Fully ambulatory? \_\_\_\_\_ If no, what aids do you use? Man. Wheelchair \_\_\_\_\_ Walker \_\_\_\_\_ Cane \_\_\_\_\_  
Medications (or attach) (Check here if no medication: )

Medication Supervision: \_\_\_\_\_ completely independent \_\_\_\_\_ takes meds with reminders \_\_\_\_\_ tour staff must keep possession  
Seizures? \_\_\_\_\_ Known Allergies \_\_\_\_\_ Diet restrictions \_\_\_\_\_

### SPECIAL NEEDS INFORMATION:

Please describe any physical problems or physical disabilities, activity limitations, special equipment needed.

### SPENDING MONEY/MONEY MANAGEMENT: (check one)

\_\_\_\_\_ can independently handle all money \_\_\_\_\_ leaders should keep control of all money  
\_\_\_\_\_ can have some money (amount: \_\_\_\_\_), but needs assistance with purchasing

### SELF CARE SKILLS:

	Independent	Needs Assistance*		Independent	Needs Assistance*
Dressing	_____	_____	Street Safety	_____	_____
Bathing	_____	_____	Eating	_____	_____
Toileting	_____	_____	Hygiene	_____	_____

\*Please describe how much assistance is needed in any of the skill areas listed above:

Mail application with FULL payment to:

Sweet Pickle Tours • 245 E. Old Sturbridge Rd • Brimfield, MA 01010 • (413) 283-9700 • (800) 800-9979 • Fax: (413) 7283-9770

# Sweet Pickle Tours

## Agreement of Risk, Waiver, and Terms

**RISK & WAIVER:** Risk to body or property may be present in any travel experience. Participants, or their guardians or agents, applying for this trip agree to participate at their own risk, and release and hold harmless *Sweet Pickle Tours dbw Search Beyond Adventures, Inc.* plus its staff and volunteers from liability for any harm to person or property that may occur due to self-injurious behaviors, actions by any other tour participant, voluntarily departing from the tour group, or malfunction of adaptive equipment. *Sweet Pickle Tours* will not be responsible for loss or breakage of personal items brought or purchased on the tour.

**MEDICATIONS:** Medications administration may be supervised by volunteers with limited training so all medications to be supervised by tour leaders and volunteers should be packaged by date and time in individual dosage packets ("med envelopes").

**PERSONAL EMERGENCIES:** If participant has to be removed from the tour or needs additional staff attention for medical, behavioral, psychological, or other personal reasons, all costs of return or additional staffing will be paid by applicant or guardian. Such costs can include, but are not limited to: air fare, lodging, meals, vehicle rental, fuel, phone calls, and cost-of-hire for staff.

**PHOTOGRAPHS:** *Sweet Pickle Tours* is granted permission to use trip photographs of applicant for promotional purposes (e.g. catalogs, Web site) unless objection is stated here in writing before the tour.

**MEDICAL TREATMENT:** Staff or appointees of *Sweet Pickle Tours* are granted authority to register applicant for medical treatment if deemed necessary by said staff or appointees. We will first attempt to contact a guardian or careprovider, but if we cannot reach someone to grant permission for emergency treatment we will bring applicant for said treatment. Authorization for such treatment at the hospital or clinic and for "Good Samaritan" first-aid treatment is granted. *Sweet Pickle Tours* cannot assume responsibility for any medical expenses that may occur if the participant must receive medical care. Applicants are advised to carry their own medical insurance, medical assistance, or traveler's insurance, although such insurance may not cover you when in a foreign country.

**TRAVEL INSURANCE:** Optional insurance is available for all tours and offers medical coverage and/or cancellation protection coverage. Participant, or guardian or agent understands that if participant cancels the tour less than 15 days prior to tour departure date, the entire tour fee is non-refundable for any reason, including illness. Notification of cancellation penalties and offering of optional cancellation protection insurance is acknowledged.

**CANCELLATIONS, REFUNDS:** If you decide to cancel the tour you must notify us by letter or by fax. Cancellations received more than 15 days prior to the departure date will receive refund less a \$40 cancellation fee. Cancellations received less than 15 days prior to departure are non-refundable. In addition, if we have already purchased non-refundable event tickets for you per your tour registration (such as sporting event tickets), we will subtract the cost of the tickets from your refund if we are unable to recover the ticket expenses. If you are more than 30 minutes late for your tour departure, you will be considered a "no-show", and you will forfeit the entire trip fee.

**SUPERVISION & ASSISTANCE LIMITS:** *Sweet Pickle Tours* provides assistance on each tour, but the exact level of assistance varies with the tour type. Our *Regular* tours are planned at approximately a 1:4 staff to participant ratio. This means one of our tour leaders or volunteers for every four vacationers. On *Extra-Assistance* option we have approximately a 1:2 staff to participant ratio. The actual ratio for any particular tour can vary from these guidelines, but the ratio would not vary by more than one more participant per staff person. If a greater variance is needed due to staffing problems we will contact you to discuss with you the options of either dropping from the tour without penalty or staying on the tour with the new staff ratio. *Sweet Pickle Tours* does not guarantee in-room 24 hour assistance. Our staff assist people while in the community and during normal awake hours while at lodging. Our staff stay on-site at the lodging, of course, but we generally do not have staff sleeping in the rooms with participants, unless there is a need for physical assistance (e.g. wheelchair transfer) at night, or if night supervision has been pre-arranged.

**PERMISSION TO PARTICIPATE:** If participant is **not** his or her own guardian then permission is granted by the guardian for vacationer listed at top of this page to participate in travel vacations with *Sweet Pickle Tours*.

I have read the information above and agree to the terms and conditions stated therein, for **(check one box)**

- 1)  ONLY the tour(s) named on this application, **or**
- 2)  ANY tours named on this application **and** any new tour registrations submitted in the next 24 months (you will not need to sign for future tours within 24 months if you check option 2).

Signature

Date

Print name of customer: