# Search Beyond Adventures, Inc.

Office	Use	Only
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## **Program Application**

011100 030	Only		Please attach a phote
FM		APPLICANT'S LEGAL NAME:	we can use to identify you when meeting
PI		(airline or cruise documents will be in this name and must match your ID)	your, or to give to authorities in case of
TD		PREFERRED NAME (if different):	emergency.
		TOUR NAME:	

## TOUR INFORMATION

TOUR DATES	TRIP #	YOUR DEPARTING CITY*
1 1 1	eference if flying; nearest train station if meet en routewe will contact you for ex	f train tourwe will ticket. If you are being picked up by exact meeting place and time.
<ul> <li>Airline Meet and Assist service (nd</li> <li>Airport Travelers' Assistance service airport assist program will meet yet MSP Airport Assistance charges a</li> <li>Needs staff to assist with any composition you in a connecting city and assist with you. If we can book you a no</li> </ul>	o fee) The airline assists with any necessar ice. Available only in MSP airport between our flight and wait with you for any connec if fee of approximately \$40 each way (\$80 if necting flight (possible additional airfare to t with any transfers. A tour staff will fly in ion-stop or direct flight instead this option v	www.searchbeyond.com or call for examples of these services. ary en route plane transfer. Available for all travel. en 8 am and 8 pm. If you have a connecting flight an ecting flight. Not used for direct flights or flights originating from MSP. if roundtrip used). We will pay this directly and bill you for their charge. to re-route our staff via your connecting city). Our staff will meet into the connecting city, meet you there, and fly the next segment won't apply. able from/to all cities, especially smaller airports.
8,19	,	cities we may have staff on the departing flight so there may e city to begin the tour, resulting in extra air ticket purchases.

STAFF RATIO: Carlo Regular (1:4 ratio typically) Extra-Assistance (1:2 ratio typically) ☐ Your Personal Care Attendant (1:1 ratio) Note: Extra-Assistance tours have a surcharge of 50% of your tour cost. Personal Care Attendant fee is 85% of your tour cost.

## PARTICIPANT INFORMATION

Age: Birthdate:	Height:	Weight:	Sex: N	Male I	Female
If home address is different from ager	ncy address to which address shoul	d trip information be s	ent? 🛛 Home	□ Agency	Address is Same
Home Street:	City:	State:	ZIP:	_ Phone: (	_)
If you would like tour information f	faxed or e-mailed to you: Fax N	umber: ()	E-M	ail:	
Type of Living Situation (check one):	Family Community	Residence 🛛 Super	rv. Apt. 📮 Inde	p. Living 🛛	Other
Agency Name:					
Agency Address (if different from hor	me address): Street:	C	ity:	State:	_ ZIP:
Agency Fax: ()					
Whom do we contact in case of emerg	gency? (include night or weekend of	contact name)			
Legal guardian name, if applicable:					
i maneiai conscivator, ii applicable: _					
Person completing this application:					
Person completing this application:	F				
	PRMATION:	Relationship or Title: _		Phone: ()_	
Person completing this application:	PRMATION:	Relationship or Title: _	Phone:	Phone: ()_	
Person completing this application:	<b>PRMATION:</b> $e(\sqrt{)}$ Clinic:         Canadian national	Relationship or Title:	Phone: Other (name)	Phone: ()_	
Person completing this application: EDICAL & PHYSICAL INFO Physician: Health Insurer: US Medical assistance US medical assistance, Canadian nation	PRMATION:	Relationship or Title: l insurance (√) urance number:	Phone: Other (name)	Phone: ()_	
Person completing this application: EDICAL & PHYSICAL INFO Physician: Health Insurer: US Medical assistance	PRMATION:         Clinic: $e (\sqrt{)}$ Canadian nationa         onal insurance or private health ins         ions? No <b>D</b> Yes <b>D</b> If	Relationship or Title: l insurance (√) urance number: 'Yes' <b>attach</b> medicatio	Phone: Other (name) on list (time, dosea	Phone: ()_	
Person completing this application: EDICAL & PHYSICAL INFO Physician: Health Insurer: US Medical assistance US medical assistance, Canadian natio Do you take any prescription medicat	PRMATION:         Clinic: $e ()$ Canadian national         onal insurance or private health ins         ions?       No         Yes       If         Deaf? Hearing A	Relationship or Title:         l insurance $(\sqrt{)}$ urance number:         'Yes' <b>attach</b> medicatio         Aid? Dent	Phone: Other (name) _ on list (time, dosea tures?	Phone: ()_ ge, prescription Prosthetic Dev	n name vice?
Person completing this application: EDICAL & PHYSICAL INFO Physician: Health Insurer: US Medical assistance US medical assistance, Canadian nation Do you take any prescription medicat Blind? Eyeglasses? Smokes? Recognize and r	<b>PRMATION:</b> Clinic: $e (\sqrt{)}$ Canadian national         onal insurance or private health ins         ions? No I Yes I If         Deaf? Hearing A         eport pain? Memory I	Relationship or Title:	Phone: Other (name) on list (time, dosea tures? Autism?	Phone: ()_ ge, prescription Prosthetic Dev Diab	n name vice?
Person completing this application: EDICAL & PHYSICAL INFO Physician: Health Insurer: US Medical assistance US medical assistance, Canadian nation Do you take any prescription medicat Blind? Eyeglasses? Smokes? Recognize and r If diabetic complete and attach/subr	PRMATION:         Clinic: $e(\sqrt{)}$ Canadian national insurance or private health instainants         ional insurance or private health instainants         ions?       No □ Yes □ If         Deaf? Hearing A         report pain? Memory I         nit "Supplement for Travelers with the set of	Relationship or Title: l insurance $(\sqrt{)}$ urance number: 'Yes' <b>attach</b> medicatio Aid? Dent Deficit Disorder? th Diabetes" form (re	Phone: Other (name) on list (time, dosea tures? Autism? equest this if you	Phone: ()_ ge, prescription Prosthetic Dev Diab do not have)	n name vice?
Person completing this application: EDICAL & PHYSICAL INFO Physician: Health Insurer: US Medical assistance US medical assistance, Canadian nation Do you take any prescription medicat Blind? Eyeglasses?	PRMATION: $(\sqrt{)}$ <	Relationship or Title:         I insurance (√)         urance number:         'Yes' <b>attach</b> medicatio         Aid? Dent         Deficit Disorder?         th Diabetes" form (re         Language or comm	Phone: Other (name) on list (time, dosea tures? Autism? equest this if you munication difficu	Phone: ()_ ge, prescription Prosthetic Dev Diab do not have) Ilties	n name vice?

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### Traveler's Name: \_\_\_\_\_

begins control of medication and only needs reminders to take     box staff keeps possession of medications and insures medications are taken per med instructions  SPENDING MONEY/MOREY MANAGEMENT; (check one)     can have some money (amount: \$	MEDICATION SUPERVISION:	EDICATION SUPERVISION: Completely independentholds meds and no reminders needed					
SPENDING MONEY/MONEY MANAGEMENT: (check one)							
Consistence of the set of th							
SELF CARE SKILLS:       Independent or Reminders       Supervision Only       Minimal Assistance       Full Assistance         Dessing	SPENDING MONEY/MONEY MANAGEMENT: (check one) a can independently handle all money can have some money (amount: \$), but needs assistance with purchasing						
Independent or Reminders       Supervision Only       Minimal Assistance       Full Assistance         Dressing	tour stan should keep control of an	money					
Dressing	SELF CARE SKILLS:						
Bathing	Independent or Reminders	· _ ·		_			
Toileting	Dressing						
Hygiene	Bathing	—	_				
Earing		—					
SOCIAL/BEHAVIORAL INFORMATION:         Check any which apply, and explain if necessary: Attach behavioral support plan	Hygiene 🔲	_					
Check any which apply, and explain if necessary: Attach behavioral support plan  Shy or withdrawn Interacts inappropriately with opposite sex Interacts inappropriately with strangers Int	Eating						
Shy or withdrawn							
History of stealing (from others? or stores?       Interacts inappropriately with same sex         Inappropriate touching       Interacts inappropriately with same sex         Particular touching       Interacts inappropriately with same sex         Wanders       Physically aggressive (explain below)         Excessive teasing       Self-injurious         Particularly vulnerable (explain how)       Other         Please describe any behavioral problems or behavioral idiosyncrasies and how to best handle them. Add additional sheets or enclose copies of behavioral programs if necessary.         What situations, if any, provoke anger, frustration, or outbursts, and how is this best handled?         MOBILITY INFORMATION:         Fully ambulatory (walks without assistance)       Yes         None       Walker         Cane       Other	Check any which apply, and expla	in if necessary: Attach bel	navioral support plan				
MOBILITY INFORMATION:         Fully ambulatory (walks without assistance)       Yes       No       Check if wheelchair is needed for longer distances only         Other mobility devices used:       None       Walker       Cane       Other	History of stealing (from others? or stores?)       Interacts inappropriately with same sex         Inappropriate touching       Interacts inappropriately with children         Fabricates stories       Interacts inappropriately with strangers         Wanders       Physically aggressive (explain below)         Excessive talking       Self-injurious         Particularly vulnerable (explain how)       Other         Please describe any behavioral problems or behavioral idiosyncrasies and how to best handle them. Add additional sheets or enclose copies of						
If wheelchair user, type of wheelchair::  Man. Wheelchair (self-propel) Man. Wheelchair (needs to be pushed) Electric Wheelchair Indicate type of assistance needed for transfers:  one-person pivot two-person of other (explain):	MOBILITY INFORMATION: Fully ambulatory (walks without assistance) Yes No Check if wheelchair is needed for longer distances only						
Please describe any physical problems or physical disabilities, activity limitations, special equipment needed.         IS ALCOHOL O.K. (e.g. wine or beer with a meal)? IF "YES," AND IF INTAKE IS LIMITED, HOW MUCH?         SWIMMING ABILITY SPECIFIC FEARS (animals, dark, escalators, etc.)         OTHER INFORMATION YOU WISH TO SHARE WITH US:	If wheelchair user, type of wheelchair:: 🗋 Man. Wheelchair (self-propel) 🗋 Man. Wheelchair (needs to be pushed) 📮 Electric Wheelchair Indicate type of assistance needed for transfers: 📮 one-person pivot 📮 two-person 📮 other (explain):						
SWIMMING ABILITY       SPECIFIC FEARS (animals, dark, escalators, etc.)         OTHER INFORMATION YOU WISH TO SHARE WITH US:							
	SWIMMING ABILITY       SPECIFIC FEARS (animals, dark, escalators, etc.)						
APPLICATION IS NOT COMPLETE AND PARTICIPANT CANNOT BE ACCEPTED ON THE TOUR WITHOUT THE SIGNED ACKNOWLEDGEMENT OF RISK AND PERMISSION SHEET!							

# Search Beyond Adventures, Inc.

## Agreement of Risk, Waiver, and Terms

Crossing out or modifying any part except the "PHOTOGRAPHS" section will result in the application returned to you without registration.

*RISK:* Risk to body or property may be present in any travel experience. Some trips may take place in an area without immediate available medical attention, or outside the United States of America or Canada. Participants may wish to inquire about specific tour dangers from *Search Beyond Adventures, Inc.* prior to enrollment or departure and/or seek the advice of a physician.

*WAIVER:* Participants, or their guardians or agents, applying for this trip agree to participate at their own risk, and release and hold harmless *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. *Search Beyond Adventures, Inc.* will not be responsible for loss or breakage of personal items brought or purchased on the tour. (Note conditions on reverse side)

*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 or similar") except for international tours.

*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:* Search Beyond Adventures, Inc. 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 Search Beyond Adventures, Inc. 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. Search Beyond Adventures, Inc. 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 30 days prior to tour departure date, the entire tour fee is non-refundable for any reason, including illness. If participant is traveling outside of home country public health insurance will not cover foreign medical treatment. Notification of cancellation penalties and offering of optional cancellation protection insurance is acknowledged.

**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 *Search Beyond Adventures*, *Inc.* 

I have read the information above and the **Terms and Conditions** on the reverse side, and agree to the terms and conditions stated therein, for: (INITIAL one box)

(1)(2)

ONLY the tour named on this application, (intial in box) or

ANY tours named on this application and any new tour registrations you submit in the next 24 months (initial in box) (you will not need to sign a waiver for future tours within 24 months if you check option 2).

Signature (participant or legal guardian if assigned) Name Date PAYMENT INFORMATION ADDITIONAL OPTIONAL CHARGES TRIP FEE: SEARCH BEYOND T-SHIRT (circle size) Short Sleeve Sizes: S M L XL XXL (\$19) Long Sleeve Sizes: M L XL XXL (\$23) EXTRA STAFF RATIO FEES: (50% surcharge of your tour cost, 1:2 ratio) SEARCH BEYOND SWEATSHIRT (choose) (85% surcharge of your tour cost, 1:1 ratio) Sizes: M L XL (\$38) ANY EXTRA FEES: (lodging upgrades, attendant charges, etc.) TOTE BAG (\$22) TOTAL MERCHANDISE/INSUR FEES FANNY PAK (\$15) CAP (\$18) TOTAL COST (add all charges) AMOUNT ENCLOSED (20% minimum) OPTIONAL TRIP MED/CANCEL INSURANCE: Cancellation Credit Waiver (\$39) BALANCE (due 30 days before the tour) Cancellation Refund Waiver (variable cost) Search Beyond Adventures will purchase any necessary air and train tickets.

 Mail to:
 Search Beyond Adventures
 or

 PO Box 18
 900 American Blvd E, Suite 105
 Fax to: (413) 245-3600

 Brimfield, MA 01010
 or
 Bloomington, MN. 55420
 Email to: travel@searchbeyond.com

## **TERMS and CONDITIONS**

#### **CANCELLATIONS, REFUNDS, CHANGES**

Whether you register for a tour by phone, fax, internet, mail, or in person, such registration authorizes us to (1) sell a space on the tour to you with standard cancellation policies, (2) send you an invoice for the tour, and (3) purchase any air, train, cruise, or activity tickets for your tour.

If you decide to cancel the tour you must notify us by letter or by fax. Cancellations received more than 60 days prior to the departure date (90 days for cruises) will receive refund less a \$50 cancellation fee. Cancellations received 30-60 days prior to tour departure date (60-90 days for cruises) will receive refund less a \$100 cancellation fee. Cancellations received less than 30 days prior to departure (60 days for cruises) are non-refundable. In addition, if we have already purchased airline or other non-refundable tickets for you per your tour registration (see paragraph one above), we will charge you for these tickets and mail you the tickets to use towards possible future travel. We cannot give air ticket refunds even for cases of illness. We are purchasing the tickets cost refunds must be done directly with the carrier. Cancellation insurance may be purchased from us for all tours.

If we decline to accept your application because of lack of space or because we are unable to accommodate your special needs we will refund your deposits in full.

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.

### LIABILITY LIMITS

Search Beyond Adventures, Inc. shall not be liable for any bodily injury or property damage that may result from weather, theft, civil disturbance, or strikes. Furthermore, Search Beyond Adventures, Inc. reserves the right to substitute accommodations, transportation, activities, leaders, and to alter the itinerary when necessary. If this is necessary, substitutions will be of a similar nature whenever possible.

Search Beyond Adventures, Inc. also reserves the right to modify prices and trip dates. If this is necessary we will give you as much advance notice as possible. Search Beyond Adventures, Inc. reserves the right to decline to accept or keep any applicant or participant whose actions or condition impedes trip operations. If you need transportation home due to illness or behavior you will bear the full cost of such evacuation.

Search Beyond Adventures, Inc. shall not be responsible or liable for any damages due to public transport misconnection caused by transport delays, transport cancellations, or lack of supervision or guidance to you by public carriers. On tours involving airlines, public buses, or trains, our responsibility begins only when the carrier has turned you over to us and ends when we turn you over to the carrier. Public transport carriers have the right to refuse to transport anyone they believe is incapable of safely traveling alone.

### **GETTING TO THE DESTINATION**

Search Beyond Adventures has two types of tours. Some tours leave by bus from one of our hub cities (Minneapolis, Boston, Orlando, Los Angeles, Sacramento). For these tours, if you live outside the departing city, we will pick you up en route, if possible, or make travel arrangements to meet you at the destination city. Other tours depart by air. For these tours we will make all flight arrangements and bill you separately for any airfare not included in the original price. We will also request from the airlines their assistance to you during the flight or at connecting airports. Please note that although we request this service on your behalf, the airlines are responsible for your care until they present you to our tour staff, and you should confirm this airline service at check-in (airlines may differ in type of service provided). On air tours we will meet you at your destination's arriving gate or in a connecting city. If you need to have staff on your flight, please request this on your application and we will notify you if this can be arranged.

If you are arriving by public bus or by train, we will arrange to meet you at the station, and bring you to the station when the tour returns.

### **POST-TOUR CHARGES**

If we incur any of the following charges on your behalf during your tour you will receive an invoice for such charges after the tour. These charges include, but are not limited to: your long-distance phone charges, pay-TV charges, charges made by airlines for special assistance, excess baggage charges, evacuation charges, unscheduled drop-off charges, toiletry, clothing, or medical charges we made on your behalf, and extra lodging or meal charges caused by public transport delays or weather.

#### SUPERVISION & ASSISTANCE LIMITS

Search Beyond Adventures, Inc. 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* options 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. The above ratios apply at the destination, not on transportation to the destination.

Search Beyond Adventures, Inc. 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.

#### **ACCOMMODATIONS & MEALS**

Unless you pay for an upgrade, most tours are based on double-occupancy rooms: two beds per room. Some hotels offer triple rooms (three beds per room) in which case you may share a room with two other people. We do not use roll-aways, sofa beds, or similar for customers.

Unless registering as a couple all participants have their own beds.

All meals are included on the tour but not on any plane travel from your home airport to the destination. If you are traveling by air we do not pay for meals on the plane. If the airline does not serve a meal you may have the option of purchasing food aboard, or you may have an opportunity to purchase food at a connecting city during flight transfer. Generally, you pay for desserts and alcoholic beverages you may have. Breakfasts are usually served in the hotel ("continental") with lunches and suppers eaten at restaurants.

### **GUARANTEE**

If you are not satisfied with your Search Beyond Adventures tour we will give you a similar tour of equal value free! However, commercial transportation charges, e.g. air, train, and cruise charges are excluded and will be deducted from the credit. Such credits are non-transferable and may not be exchanged for cash. You are ineligible for this guarantee if you voluntarily or involuntarily left the tour prior to its completion. This guarantee does not apply to conditions caused beyond our control, e.g. adverse weather or transportation delays, for conditions that may arise from vehicle breakdowns, for lost or broken personal items, or for custom groups. Any request for replacement tour must be made within 30 days of completion of original tour.

#### ARBITRATION

You or your guardians agree that, on the petition of either party willing to advance the applicable filing fee, any claims that may arise from your tour will be settled through arbitration of the American Arbitration Association.

# Program Application Checklist

(this is to assist you; you do not need to return this checklist)

With your application please send the following:

- \_\_\_\_\_ Photo (do not fax--it will not be clear)
- \_\_\_\_\_ Government issued ID card copy (if tour is by air)
- \_\_\_\_\_ Passport copy (for international tours)
- \_\_\_\_\_ List of medications (unless "no medications")
- \_\_\_\_\_ Medical insurance card copy (if you have insurance)
- \_\_\_\_\_ Minimum 20 percent deposit
- \_\_\_\_\_ Signed and dated application (page four)