# Search Beyond Adventures, Inc.

Office Use Only

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<sup>2</sup> rogram	App	lication
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### **APPLICANT'S LEGAL NAME:** (airline or cruise documents will be in this name and must match your ID) **PREFERRED NAME (if different):**

РНОТО

Please attach a photo we can use to identify you when meeting your, or to give to authorities in case of emergency.

TOUR	(AME:		
TOUR INFORMATION  TOUR DATES  * Indicate nearest airport or airport prefer our vehicles, suggest which city to meaning the company of the com	TRIP#_ rence if flying; nearest train station if tra et en routewe will contact you for exac		
<ul> <li>□ Airport Travelers' Assistance service airport assist program will meet your MSP Airport Assistance charges a fe</li> <li>□ Needs staff to assist with any connect you in a connecting city and assist with you. If we can book you a non-</li> <li>□ Direct flight necessary (may result in Needs staff on entire flight (may result in Needs staff)</li> </ul>	ee) The airline assists with any necessary of Available only in MSP airport between 8 of flight and wait with you for any connecting of approximately \$40 each way (\$80 if reting flight (possible additional airfare to retith any transfers. A tour staff will fly into estop or direct flight instead this option won a price surcharge). May not be available alt in an extra fee). From some major citie ur staff may have to fly into your home citically) $\square Extra-Assistance (1:$	en route plane transfer. Av am and 8 pm. If you hav ng flight. Not used for dire bundtrip used). We will pa e-route our staff via your c the connecting city, meet y n't apply. from/to all cities, especial s we may have staff on the y to begin the tour, resulting	vailable for all travel.  ve a connecting flight an eet flights or flights originating from MSP. ay this directly and bill you for their charge. connecting city). Our staff will meet you there, and fly the next segment  lly smaller airports. e departing flight so there may ng in extra air ticket purchases.   Vour Personal Care Attendant (1:1 ratio)

Age: Birthdate: Height: Weight: Sex: Male Female  If home address is different from agency address to which address should trip information be sent? Home Agency Address is theme Street: City: State: ZIP: Phone: ()  If you would like tour information faxed or e-mailed to you: Fax Number: ()  If you would like tour information faxed or e-mailed to you: Fax Number: ()  If you would like tour information faxed or e-mailed to you: Fax Number: ()  If you would like tour information faxed or e-mailed to you: Fax Number: ()  If you would like tour information faxed or e-mailed to you: Fax Number: ()  If you would like tour information faxed or e-mailed to you: Fax Number: ()  Agency Fax: (	•	Print!)
Home Street:		
If you would like tour information faxed or e-mailed to you: Fax Number: (		•
Type of Living Situation (check one):		•
Agency Name: Phone: Contact: Agency Address (if different from home address): Street: City: State: ZIP: Agency Fax: Emergency phone # (for nights or weekends): ( Whom do we contact in case of emergency? (include night or weekend contact name) Legal guardian name, if applicable: Phone: E-Mail: Financial conservator, if applicable: Phone: E-Mail: Phone: E-Mail: Phone: E-Mail: Phone:		
Agency Address (if different from home address): Street: City: State: ZIP:		
Agency Fax: () Emergency phone # (for nights or weekends): () Whom do we contact in case of emergency? (include night or weekend contact name) Legal guardian name, if applicable: Phone: E-Mail: Phone: E-Mail: Phone: E-Mail: Phone: _	č ,	
Whom do we contact in case of emergency? (include night or weekend contact name)	Agency Address (if different from home address):	: Street:
Legal guardian name, if applicable: Phone: E-Mail: Phone: E-Mail: Phone: E-Mail: Phone: E-Mail: Phone: E-Mail: Phone: _	Agency Fax: ()	Emergency phone # (for nights or weekends): ()
Financial conservator, if applicable: Phone: E-Mail: Person completing this application: Relationship or Title: Phone: ( )	Whom do we contact in case of emergency? (incl	lude night or weekend contact name)
Person completing this application:	Legal guardian name, if applicable:	Phone: E-Mail:
EDICAL & PHYSICAL INFORMATION:  Physician: Clinic: Phone: Phone: Phone: Other (name)    US medical assistance, Canadian national insurance or private health insurance number:    Do you take any prescription medications? No ☐ Yes ☐ If 'Yes' attach medication list (time, doseage, prescription name Blind? Eyeglasses? Deaf? Hearing Aid? Dentures? Prosthetic Device?    Smokes? Recognize and report pain? Memory Deficit Disorder? Autism? Diabetic?    If diabetic complete and attach/submit "Supplement for Travelers with Diabetes" form (request this if you do not have)	Financial conservator, if applicable:	Phone: E-Mail:
Physician: Clinic: Phone: Phone: Phone: Physician: Clinic: Phone: Physician: Phone:	Person completing this application:	Relationship or Title: Phone: ()
Health Insurer: US Medical assistance (√) Canadian national insurance (√) Other (name)		ON:
US medical assistance, Canadian national insurance or private health insurance number:  Do you take any prescription medications? No  Yes  If 'Yes' attach medication list (time, doseage, prescription name  Blind?		
Do you take any prescription medications? No Series	Physician:	
Blind? Eyeglasses? Deaf? Hearing Aid? Dentures? Prosthetic Device? Smokes? Recognize and report pain? Memory Deficit Disorder? Autism? Diabetic? Indicate the proof of the proo	Physician:	
Smokes? Recognize and report pain? Memory Deficit Disorder? Autism? Diabetic? If diabetic complete and attach/submit "Supplement for Travelers with Diabetes" form (request this if you do not have)	Physician: Health Insurer: US Medical assistance (√)	Canadian national insurance ( $$ ) Other (name)
If diabetic complete and attach/submit "Supplement for Travelers with Diabetes" form (request this if you do not have)	Physician:	Canadian national insurance ( $$ ) Other (name) nce or private health insurance number:
	Physician:	Canadian national insurance ( $$ ) Other (name) nce or private health insurance number: No $\Box$ Yes $\Box$ If 'Yes' <b>attach</b> medication list (time, doseage, prescription name
	Physician:	Canadian national insurance (√) Other (name) nce or private health insurance number: No ☐ Yes ☐ If 'Yes' attach medication list (time, doseage, prescription name ? Prosthetic Device? Prosthetic Device?
	Physician:	Canadian national insurance ( $$ Other (name) nee or private health insurance number:  No  Yes  If 'Yes' attach medication list (time, doseage, prescription name
Seizures? If seizures, please describe frequency and type and send seizure protocol:	Physician:	Canadian national insurance (√) Other (name) note or private health insurance number:  No ☐ Yes ☐ If 'Yes' attach medication list (time, doseage, prescription name ? Hearing Aid? Dentures? Prosthetic Device? Memory Deficit Disorder? Autism? Diabetic? ement for Travelers with Diabetes" form (request this if you do not have)

MEDICATION SUPERVISION:	<ul> <li>□ completely independentholds meds and no reminders needed</li> <li>□ keeps control of medication and only needs reminders to take</li> <li>□ tour staff keeps possession of medications and insures medications are taken per med instructions</li> </ul>			instructions
PENDING MONEY/MONEY M	IANAGEMENT: (check	k one)		
acan independently handle all mo	-			
acan have some money (amount:		ssistance with purchasing		
utour staff should keep control of a	all money			
ELF CARE SKILLS:				
Independent or Reminde	rs Supervision Only	Minimal Assistance	Full Assistance	
Dressing				
Bathing				
Toileting $\Box$				
Hygiene $\Box$				
Eating $\Box$				
OCIAL/BEHAVIORAL INFOR Check any which apply, and expl		n behavioral support plan		
Shy or withdrawnHistory of stealing (from othersInappropriate touchingFabricates storiesWandersExcessive talking	s? or stores?)	Interacts inaInteracts inaInteracts inaPhysically agVerbally agg		
Excessive teasingParticularly vulnerable (explain	how)	Self-injuriou Other	S	
Please describe any behavioral problem behavioral programs if necessary.	ns or behavioral idiosyncras	sies and how to best handle them.	Add additional sheets or enclose	copies of
What situations, if any, provoke ange	er, frustration, or outbursts	, and how is this best handled?		
MOBILITY INFORMATION:				
Fully ambulatory (walks without assist			ir is needed for longer distances of	-
-	None Wa		Other	
If wheelchair user, type of wheelchair:			ir (needs to be pushed)	
Indicate type of assistance needed for t				
Can you support weight while transferr	ring?  yes  no	Comments:		
PECIAL NEEDS INFORMATION Please describe any physical problem		activity limitations, special equ	ipment needed.	
S ALCOHOL O.K. (e.g. wine or beer wi WIMMING ABILITY	th a meal)? SPECIFIC FEAR	IF "YES," AND IF INTAKE	IS LIMITED, HOW MUCH?	

ACKNOWLEDGEMENT OF RISK AND PERMISSION SHEET!

Traveler's Name:
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### 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:

	on, (intial in box) <b>or</b> and any new tour registrations you submit in or future tours within 24 months if you check	
Signature (participant or legal guardian if assigned)	Name	Date
PAYMENT INFORMATION	ADDITIONAL OPTIONAL CHARGES	
TRIP FEE:  EXTRA STAFF RATIO FEES:  (50% surcharge of your tour cost, 1:2 ratio) (85% surcharge of your tour cost, 1:1 ratio)  ANY EXTRA FEES: (lodging upgrades, attendant charges, etc.)  TOTAL MERCHANDISE/INSUR FEES  TOTAL COST (add all charges)	SEARCH BEYOND T-SHIF Short Sleeve Sizes: S M Long Sleeve Sizes: N SEARCH BEYOND SWEA Sizes: M L XL (\$38) TOTE BAG (\$22) FANNY PAK (\$15) CAP (\$18)	L XL XXL (\$1 <del>9)</del> M L XL XXL (\$23)
AMOUNT ENCLOSED (20% minimum)  BALANCE (due 30 days before the tour)	OPTIONAL TRIP MED/CA Cancellation Credit Waiver Cancellation Refund Waive	r (\$39)

Mail to:	Search Beyond Adv	ventures	5	or
	PO Box 18	or	4603 Bloomington Ave	Fax to: (877) 721-3409
Е	Brimfield, MA 01010	OI	Minneapolis, MN 55407	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 only as an agent, on your behalf and per your order. Any requests for ticket 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

#### **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

## GUARANTEE

at restaurants.

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 faxit 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)