PERSONAL CARE PROVIDER PROGRAM APPLICATION

For Care Providers Accompanying a Participant with...

SEARCH BEYOND ADVENTURES

IMPORTANT: Our leaders are experienced travel escorts and are prepared to lead a safe and enjoyable trip. But, as in any travel experience, risk to body or property may be present. Parts or all of this trip may take place in an area without immediate available medical attention or outside the United States of America. You are participating in this trip at your own risk, and release *Search Beyond Adventures, Inc*. and its staff and volunteers from liability for any harm to person or property that may occur. You may wish to inquire about more specific dangers prior to enrollment or departure. *Search Beyond Adventures, Inc*. cannot assume responsibility for any medical expenses that may occur if you must receive medical care. *Search Beyond Adventures, Inc*. does not provide worker's compensation insurance for you. You are advised to carry your own medical insurance, medical assistance, or traveler's insurance. Insurance may not cover you when in a foreign country. Completion of the application below implies understanding and agreement to these conditions.

Since you are accompanying someone as a care-provider you understand you are responsible for hygiene, medication, transfers, airport assistance, and all other needs of the person you are helping. If this person needs special transportation (e.g. a car or wheelchair ramped mini-van) you may be needed to drive this vehicle. In addition, in lieu of your price discount provided by *Search Beyond Adventures, Inc*, you may be expected to provide some assistance to other travelers at the airport or on your airplane, and to assist with other participants in the group in an emergency (e.g. medical or lost person case). Any emergency assignment would not interfere with your primary responsibility towards the person for whom you are providing care. Finally, you are expected to intervene as a good-Samaritan to prevent any harm to anyone in the group (e.g. another participant stepping into traffic or in danger of falling).

"I have read the information above, understand the risk involved, agree to follow the safety rules established on the trip, and understand my responsibilities towards the person to whom I am proving care, and to the group at large."

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Accompanying Care Provider's signature Date

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NAME OF TRIP____ TOUR NUMBER________________________

TRIP DATES______________________ CHOICE OF DEPARTING CITY OR MEETING POINT____________________

PERSON WHOM YOU ARE ASSISTING ON THIS TOUR____

ACCOMPANYING CARE PROVIDER'S *LEGAL* NAME_______________________________________ GENDER_______

(Name as it appears on legal identification. If your tour involves air travel or ship travel the ticket will be in this name.)

DAYTIME PHONE ______________________ CELL PHONE (to reach you during the tour if necessary): _______________

ADDRESS____ CITY_______________ STATE______ ZIP______

EMERGENCY CONTACT______________________________ RELATIONSHIP_____________ PHONE_____________

DO YOU WISH TO ROOM WITH THE PERSON YOU ARE ACCOMPANYING? ____YES ____NO (see note below)

Generally, the published tour price is for TRIPLE occupancy, so another participant may also share this room. If you do not want another person in the room then you need to upgrade to DOUBLE occupancy. Call our office for the price for your tour.

DO YOU HAVE ANY ACTIVITY LIMITATIONS? (Describe)

KNOWN ALLERGIES____________________________ DIET RESTRICTIONS_________________________

OTHER QUESTIONS OR INFORMATION (use the back if necessary):

ONCE TICKETED, YOUR AIRLINE OR CRUISE TICKETS ARE NON-REFUNDABLE AND NAMES CANNOT BE CHANGED!