



## **Personal Information:**

<b>Travelers Legal Name</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>City/State/Zip Code</b>	

<b>Height:</b>	
<b>Weight:</b>	
<b>Hair Color:</b>	
<b>Eye Color:</b>	
<b>T-shirt size</b>	

<b>Main Contact Person:</b>	
<b>Relationship to the Traveler:</b>	
<b>Phone Number:</b>	
<b>Email address:</b>	

<b>Secondary Contact Person:</b>	
<b>Relationship to the Traveler:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	

## Needs and Assistance:

Medication:	<p>Staff Administers Medication</p> <p>Traveler is Self-Medicating</p>
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Money:	<p>Staff holds onto money and receipts</p> <p>Traveler is responsible for their own money and receipts</p>
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Protocols:	<p>DNR</p> <p>Seizures</p> <p>Food</p> <p>Diabetic</p> <p>Safety Plan</p> <p>Fall</p> <p>Other: _____</p> <p>None</p>
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Food Restriction / Allergies	<p>No</p> <p>Yes, please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Rooming and alone time:	<p>I can room with another traveler</p> <p>I need to room with staff</p> <p>I have community alone time: _____ hrs</p>
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Staff to Traveler Ratio:	<p>1:3</p> <p>1:1 (additional fees may apply)</p>
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While traveling I will be using:	<p>Walker</p> <p>Cane</p> <p>Manual Wheelchair</p> <p>Electric Wheelchair</p> <p>Other: _____</p>
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<b>Travel Mobility:</b>	<p>I need to use a wheelchair for longer distances</p> <p>I need to use a wheelchair provided by Another World while traveling</p> <p>I need extra time walking</p> <p>I need help walking on uneven ground</p> <p>I struggle with depth perception</p> <p>I can use an escalator</p>
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<b>Wheelchair Use only:</b>	<p>I can self-transfer</p> <p>I can bear my own weight</p> <p>I need some assistance when transferring</p> <p>I need full assistance when transferring</p> <p>I need a wheelchair accessible van</p>
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<b>Eating:</b>	<p>I eat independently</p> <p>I need assistance cutting my food</p> <p>I need my food pureed</p> <p>I need help eating</p> <p>I have a G-tube</p>
<b>Dietary Needs:</b>	<p>I have dietary/ food restrictions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>I can have caffeine</p> <p>If yes, list the number of caffeinated drinks allowed per day: _____</p> <p>I can have Soda</p> <p>I can drink alcohol</p> <p>(Another World limits alcoholic beverages to TWO per day and the traveler must pay for the specialty beverages)</p>

<b>Sunscreen:</b>	<p>I can wear sunscreen</p> <p>I need assistance applying sunscreen</p>
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<b>Restroom</b>	<p>I am incontinent during the day</p> <p>I am incontinent at night</p> <p>I wear depends</p> <p>I need assistances with my depends</p> <p>I use a catheter</p>
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<b>Dressing:</b>	<b>I need assistance with:</b> <b>Picking out my clothes</b> <b>Getting dressed</b> <b>Brushing my teeth</b> <b>Applying deodorant</b> <b>Combing my hair</b> <b>Shaving</b>
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<b>Bathing:</b>	<b>I am independent with bathing</b> <b>I need reminders</b> <b>I need assistance with the water temperature</b> <b>I need someone to prompt me while bathing</b> <b>I need a shower chair/ roll in shower</b>
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<b>Speaking:</b>	<b>I can be hard to understand at times</b> <b>I am non-verbal</b> <b>I use gestures</b>
<b>Vision:</b>	<b>I wear glasses/ contacts</b> <b>I am visually impaired</b> <b>I am light sensitive</b>
<b>Hearing:</b>	<b>I am hard of hearing</b> <b>I wear hearing aids</b>

<b>Tobacco Use:</b>	<b>I smoke cigarettes</b> <b>I use oral tobacco</b> <b>I use a vape pen</b>
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<b>Behaviors I have:</b>	<b>I am a one-on-one</b> <b>I can become verbally aggressive</b> <b>I can become physically aggressive</b> <b>I was diagnosed with bipolar disorder</b> <b>I was diagnosed with anger management disorder</b> <b>I have a history of eloping or wandering away</b> <b>I tend to not listen to staff's directions</b> <b>I have a history of stealing</b> <b>I have inappropriate sexual behaviors</b> <b>I have a safety plan to help with my behaviors</b> <b>I am a registered sex offender</b> <b>I cannot be around anyone under the age of 18</b>
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<b>Behaviors in the Community</b>	I am shy around new people I cannot be in a big group I do not like loud noises I am line of sight I need to be redirected
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**Medical Information:**

<b>Medical Diagnosis:</b>	
<b>Known Allergies</b>	<b>List all known allergies:</b> _____ _____ _____ _____
<b>EpiPen</b>	<b>Yes</b> <b>No</b>

<b>I have the following:</b>	<b>High blood pressure</b> <b>Diabetic</b> <b>Asthma</b> <b>Heart problems</b> <b>Pacemaker</b> <b>Pulmonary Disease</b> <b>Traumatic Brain Injury</b> <b>Sleep Disorder</b> <b>Dementia</b> <b>Seizures</b> <b>Other: _____</b>
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Please explain any other needs, medical devices such as CPAP machines, portable O2 etc. or assistance you may need while traveling. If you are diabetic, please state if you are independent with injections and glucose testing. If you require a nurse for injections and glucose testing contact us. If you have a seizure disorder a copy of the protocol is required.

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## About me:

	<input type="checkbox"/> <b>Sports:</b> _____, _____, _____. <b>Music:</b> _____, _____, _____. <b>Swimming</b> <b>Museums</b> <b>History</b> <b>Horseback Riding</b> <b>The Outdoors</b> <b>The Beach</b> <b>Animals</b> <b>Amusement Parks</b> <b>Roller Coasters</b> <b>Shopping</b> <b>Other:</b> _____
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Anything else you want us to know about you:

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Check list	Important documents required
	State Issue ID (ALL State IDs are required to have a star on the top right in order to travel, also know as RealID <a href="https://www.dhs.gov/real-id">https://www.dhs.gov/real-id</a> )
	Copy of Medical Cards
	Copy of protocols and safety plans
	Guardian signature for photo release.
	Guardian Signature for release Waiver
	Reviewed Policies and Procedures
	Guardian Signature for Covid 19 Waiver
	Required by day of departure- updated copy of MAR
	Required by day of departure- updated copy of Physician Orders

\*Based on information given above, Another World may request a doctor's signature to be cleared to travel. This is for the safety of the traveler and others.

## Photo Permission

1. \_\_\_\_ I hereby authorize the use photos of me for publicity materials to inform the public of Another Worlds' vacation and fundraising. These materials can include brochures, newsletters, Facebook, website, public service announcements on television or radio, as well as other written and video materials that are intended for the public relations and fundraising. Group and individual pictures of me may be sent out to my fellow travelers

OR

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2. \_\_\_\_ No photos of me may be sent out or used for publicity materials.

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\_\_\_\_ I understand that unless I specify an expiration date or condition, this authorization is valid for the period of time needed to fulfill its purpose, or up to one year from date of signature. I also understand that I may revoke this authorization at any time and that I will be asked to sign a new photo permission form.

This authorization will expire on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY)

*Signature of Individual/ Guardian:*

*Date:*

## **Travel Waiver – Another World, LLC**

Both my guardian and/or I understand that Another World, LLC is not the source or supplier of the travel services I have requested and acts solely as a travel service provide for adults with developmental differences for the actual suppliers of such services. I have been advised that the suppliers (accommodations and airlines and activity providers) whose names appear in the information supplied to me are those who are actually responsible for providing the travel services I have purchased. I consent to and request the use of those suppliers and agree not to hold Another World, LLC responsible should any of these suppliers: 1) fail to provide the travel services I have purchased; 2) fail to comply with any applicable law; or 3) engage in any negligent act or omission that causes me any sort of injury, damage, delay, or inconvenience.

Both my guardian and/or I accept while participating in activities set by Another World, LLC, Another World, LLC is not responsible for, nor will I attempt to hold it liable for, any injury, damage, or loss I may suffer on account of any conditions, actions or omissions that are beyond its reasonable control.

I understand that discounted fares typically involve restrictions and that changing any aspect of my travel arrangements may result in the payment of additional money.

I understand that the Transportation Security Administration (TSA) requires me to carry a government issued identification card that bears a Star in order to board a flight. I have been advised that the name, date of birth and gender that appears on the identification card must exactly match the same such data that is listed on my airline ticket and in my booking records. I acknowledge that my failure to strictly comply with these requirements may result in denied boarding or an undue delay at an airport security checkpoint causing me to miss my flight. – I understand that I must provide correct ID information on any consent forms.

I understand that if traveling internationally, I must have a valid passport and depending upon my destination and nationality, and I may need to obtain one or more visas.

I understand that the airline tickets, air tours or other products I am purchasing are subject to supplemental price increases that may be imposed after the date of purchase. Post-purchase price increases may be applied due to additional costs imposed by a supplier or government. I acknowledge that I may be invoiced additional sums by Another World, LLC to offset increased fees, fuel surcharges, taxes, fluctuations in foreign exchange markets or any combination thereof.

I hereby consent to any post-purchase price increases and authorize Another World, LLC to invoice me for such additional amounts.

I understand that I may purchase travel insurance to cover certain risks inherent in travel such as supplier bankruptcy. And the inability to travel due to a medical or personal emergency. Please check and initial your acceptance or refusal of travel insurance below.

I and/or my Guardian understand that there are certain dangers, hazards, and risks inherent in international travel and the activities to be engaged in during the trip, which can cause personal injury, death and property damage. I (we) further understand that Another World, LLC cannot and does not assume responsibility for any such personal injury, death or property damage. I am participating in the trip on a voluntary basis and have not been induced to do so by Another World, LLC or any other person.

**ASSUMPTION OF RISKS:** Notwithstanding the dangers, hazards, and risks involved, and in consideration of my participation in the trip: (i) I (we) agree to assume all the risks surrounding my participation in the trip and in the activities I undertake in connection therewith; and I (we) release and forever discharge Another World, LLC, its trustees, officers, agents, employees, and any students acting as employees (hereafter collectively called the "Releases"), from any and all liability for any injury, damage, loss, cost or expense (including, without limitation, reasonable attorney's fees) of any nature that I may at any time have or incur, arising out of or in any manner related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me while participating in the trip.

**DISCLAIMER OF ANOTHER WORLD, LLC RESPONSIBILITY:** I (we) understand and agree that Another World, LLC and Releases are: (i) not responsible or liable for any injury, damage, loss, accident or delay which may be caused by a defect in any vehicle or other mode of transportation, or the negligence or other wrongful act of any party engaged to provide services connected with the trip, (ii) not responsible or liable for any injury, damage, loss or expense due to sickness, weather, strikes, hostilities, wars, natural disasters, terrorism, or other such causes, (iii) not responsible or liable for disruption of travel arrangements, or any consequent additional expenses that may be incurred there from, and (i) not responsible or liable for any loss, damage, or theft of my luggage or other personal belongings.

**RESPONSIBILITY FOR MEDICAL NEEDS:** I (we) represent to Another World, LLC that I (we) are aware of my personal medical needs and that there are no health-related reasons or problems that preclude or restrict my participation in the trip. I/we have consulted my doctor to determine that I am able to participate in the trip and any related activities.

**INDEMNIFICATION:** I (we) agree to indemnify, defend and hold the Releases harmless from any liability, claim, action, damage, loss, fine, penalty, cost or expense, including, without limitation, reasonable attorney's fees, of every kind or nature asserted by any party against any Release or incurred by any Release and arising directly or indirectly from or in connection with my participation in the Trip or any of the activities I engage in during the Trip.

I wish [ ] do not wish [ ] to purchase travel insurance. \_\_\_\_ (client's initials)

Agreed and accepted on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_

Name: \_\_\_\_\_

Guardian: \_\_\_\_\_

Name: \_\_\_\_\_

## COVID-19 TRAVEL WAIVER

The 2019 Novel Coronavirus (COVID-19, “Coronavirus”) is a known and rapidly evolving pandemic that is affecting travel worldwide, with continued spread and impacts expected.

Client is fully aware of the current global COVID-19 virus outbreak, the current travel restrictions, and inherent risks involved when choosing to travel. Client is aware that it is their personal decision to travel and is doing so with full knowledge of travel recommendations, restrictions, regulations, and risks with regards to COVID-19, as well as the possibility of future travel restrictions, and takes full responsibility for their actions with regards to traveling.

In consideration of the travel planning services provided to Client and with full knowledge and acceptance of the risks associated with travel, Client, on behalf of themselves, their minor children, and any personal representatives, heirs, and next of kin (hereinafter referred to as “Client”) hereby releases, indemnifies, holds harmless and covenants not to sue Another World, LLC (“Company”), its officers, employees, volunteers, agents, representatives, and any other person involved either directly or indirectly, from all claims, suits, expenses, attorney fees and demands of any nature (including negligence) caused by, deriving from, or associated with Client’s travel. Client makes these covenants, release and waivers knowingly and voluntarily. It is further understood and agreed that this COVID-19 Travel Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement is to be binding on Client’s heirs and assigns and Client signs it of their own free will.

Client understands and confirms that Company has provided Client with the best available information at the time regarding travel precautions, travel restrictions, and pandemic protection policies provided by governmental agencies of any location that Client is traveling to or through, as well as provided by all travel suppliers, including but not limited to: airports, airlines, hotels, cruises lines, tour agencies, transfer agencies and/or any other provider involved in Client’s booking. However, Client understands and agrees that government agencies and Travel Suppliers may not enforce or apply these travel precautions, travel restrictions, and pandemic protection policies and that some travelers may refuse to cooperate with these travel precautions, travel restrictions, and pandemic protection policies. Additionally, Client understands and agrees that the COVID-19 pandemic is a rapidly changing situation and that all travel precautions, travel restrictions, and pandemic protection policies are subject to change at any time and without notice. Client also understands and agrees that any and all information provided by Company is

made available solely for general information purposes. Company does not warrant the accuracy,

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completeness, or usefulness of this information. Company disclaims all liability and responsibility arising from any reliance placed on such information. Any reliance that Client places on such information is strictly at their own risk. Client understands that it is their responsibility to check the latest travel information regarding the COVID-19 outbreak with the CDC (<https://wwwnc.cdc.gov/travel/notices>), the governmental agencies of any location that Client is traveling to or through, and with all Travel Suppliers, including but not limited to: airports, airlines, hotels, cruises lines, tour agencies, transfer agencies and/or any other provider involved in Client's booking.

Client is aware of the specific travel warnings, travel restrictions, and travel rules in place for all locations in their travel itinerary, as well as the fact that travel warnings, restrictions, and rules are in place around the world. Client is also aware that future travel warnings, travel restrictions, and travel rules are likely to occur without notice. Client understands and accepts the risks and consequences of these travel warnings, restrictions, and rules. Client is also aware that immigration and traveling restrictions may be put in place before, during, or after traveling that may impede the ability to enter or exit travel locations or return home as planned. CLIENT HEREBY RELEASES, WAIVES, DISCHARGES AND AGREES NOT SUE Company for consequences of these travel warnings, restrictions and rules, failure to enforce travel warnings, restrictions and rules, as well as travel warnings, restrictions and rules changing without notice. Client is aware that additional travel screening procedures and restrictions may take place at various travel locations, including but not limited to: airports, airlines, hotels, cruises lines, trains, other methods of transport, tour agencies, transfer agencies, any provider involved in Client's booking, and/or public areas. Client is aware that these restrictions may include mandatory face coverings, quarantines, temperature checks, and/or various other measures. Client acknowledges and agrees that, due to the nature of travel, social distancing measures, quarantine measures, pandemic prevention measures, health precautions, and/or the usage of face masks may not always be possible. CLIENT HEREBY RELEASES, WAIVES, DISCHARGES AND AGREES NOT SUE Company for consequences of these travel procedures and restrictions, failure to enforce travel procedures and/or restrictions, as well as travel procedures and restrictions changing without notice.

**CLIENT HEREBY RELEASES, WAIVES, DISCHARGES AND AGREES NOT SUE**

Company for all consequences of traveling related to COVID-19, including but not limited to: travel warnings, travel restrictions, travel rules, illness, death, property damage, financial loss,

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costs, penalties, fees, fines, cancellations, postponements, quarantines, health regulations and/or screenings, regardless of whether these consequences are imposed by governmental agencies of the locations to which Client is traveling to and through and/or Travel Suppliers, including but not limited to: airlines, airports, hotels, cruises lines, tour agencies, transfer agencies, and/or any other provider involved in Client's booking. Client further agrees not to institute a credit card dispute or "charge back" to Company for any of these reasons.

The undersigned acknowledges and understands that traveling may result in a higher risk of contracting COVID-19. The undersigned agrees and acknowledges that traveling may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death, or property damage. The undersigned fully understands and appreciates both the known and potential dangers of traveling and acknowledges that traveling may, despite reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death. **THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, DEATH, OR PROPERTY DAMAGE** to the undersigned due to negligence, active or passive, or otherwise while traveling.

Client understands that it is their responsibility to obtain travel insurance to ensure they have coverage for all medical needs and trip cancellation. However, Client is aware that travel insurance generally only covers unforeseen events. Most insurers classify COVID-19 as a "known event" and will not cover COVID-19 related cancellations, delays, quarantines, or additional costs or fees. Most policies also have a specific clause stating they do not cover epidemics and pandemics, especially when travel warnings are in place. Additionally, concerns or fear of travel is not a covered reason for cancellation and will not be covered by travel insurance. Client understands that he/she is bound by the terms of the insurance policy as it relates to Coronavirus/COVID-19. Client holds Company harmless for their election to not purchase travel insurance and/or any denial of claim by travel insurer as it relates to COVID-19 or any other claim under the policy.

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND AGREES NOT SUE the Company, its directors, officers, employees, volunteers and agents (“Released Parties”) from all liability to the undersigned and all personal representatives, assigns, heirs, and next of kin of the undersigned from any and all liability, claims, demands, actions, omissions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, claim, or

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injury, including property damage, illness or death, related to COVID-19 whether caused by the negligence of the Released Parties, any third-parties, or otherwise, while traveling.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the Company, its directors, officers, employees, volunteers and agents (“Released Parties”) from and against any and all costs, expenses, damages, claims, lawsuits, judgments, losses, and/or liabilities (including attorney fees) arising either directly or indirectly from or related to any and all claims made by or against any of the Released Parties due to any loss, damage, or injury, including property damage, personal illness or death, related to the travel services provided by Company, whether caused by the negligence of the Released Parties, any third parties, or otherwise specifically related to COVID-19.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT shall be governed by and construed in accordance with Colorado law, and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Waiver of Liability as a whole. This waiver remains in effect until the State of Colorado limits all COVID-19 related mandates.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM THE COMPANY IN CASE OF ILLNESS, INJURY, DEATH, OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT

LIMITATION, EXPOSURE TO COVID-19 WHILE TRAVELING AND ANY ILLNESS, INJURY, OR DEATH RESULTING FROM IT. I AM FULLY INFORMED OF THE RISKS INVOLVED IN TRAVELING TO DECIDE WHETHER TO SIGN THIS DOCUMENT. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS.

Signature of Individual/ Guardian: \_\_\_\_\_

Date: \_\_\_\_\_