



[Time Of Your Life Vacations LLC](#)

Providing high-quality, supervised vacations and travel opportunities for individuals with intellectual and developmental disabilities

[Email: registrations@timeofyourlifevacations.org](mailto:registrations@timeofyourlifevacations.org)

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[Website: timeofyourlifevacations.org](http://timeofyourlifevacations.org)

Traveler Information Form

2026

All travelers **MUST** submit a current Time of Your Life Vacations LLC Traveler Information Form before traveling. **Please ensure this form is completed and returned at least three (3) weeks before your scheduled vacation.** If the required information is not provided, the traveler will be removed from the vacation without a refund.

The traveler information form is kept on file and **MUST** be **Updated Once Per Calendar Year.** Any additional updates—such as changes in medications, behaviors, mobility, emergency contacts, addresses, special equipment, or medical needs—must be reported immediately by the traveler or their guardian, family, agency, or group home staff. A new, updated form must be submitted whenever changes occur.

These forms help us understand each traveler and ensure everyone's safety. All information must be complete and accurate. Incomplete or incorrect information will result in removal from a scheduled vacation without a refund.

If a form is missing or has incorrect information that creates a safety concern, the traveler will be sent home at their own expense. We can help arrange transportation when possible, but the traveler, guardian or agency is responsible for all costs. No refunds will be given.

Time Of Your Life Vacations LLC

Page #1

Traveler Information Form

Today's Date: _____

Traveler's Name: _____

(What Does the Traveler Prefer to Be Called?) _____

LEGAL NAME (AS IT APPEARS ON ID)

First Name: _____

Middle Name _____

Last Name: _____

Birth Date: _____ Male: ___ Female: ___

Traveler's Address: _____

City: _____ State: _____ Zip Code: _____

Travelers Cell Phone (If Applicable): _____

Appointed Guardian or Person Assisting with this Form:

Name: _____

Title / Relationship to Traveler: _____

Email Address(es) for All Correspondence

Time Of Your Life Vacations LLC **DOES NOT MAIL** invoices, confirmations, itineraries, or any other trip materials. Invoices, confirmations, itineraries, trip details, and flyers are sent exclusively by **EMAIL** to travelers or their designated guardian, family member, representative, or staff.

AT LEAST ONE VALID EMAIL ADDRESS IS REQUIRED!!!

Email Address (1): _____

Email Address (2): _____

Email Address (3): _____

Time Of Your Life Vacations LLC

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Traveler Information Form

Agency Information (If Applicable):

Agency Name (Where Do You Reside?) _____

Agency Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email Address: _____

Emergency / After-Hours Contact(S):

****These contacts must be available after normal business hours! Examples of acceptable emergency contacts are cell phone numbers, on-call staff numbers, and family members. You must list at least three (3) numbers!!!**

Name: _____

Title / Relationship to Traveler: _____

Phone: _____ Cell Phone: _____

➤ *Cell phone numbers must be able to receive text messages*

Name: _____

Title / Relationship to Traveler: _____

Phone: _____ Cell Phone: _____

➤ *Cell phone numbers must be able to receive text messages*

Name: _____

Title / Relationship to Traveler: _____

Phone: _____ Cell Phone: _____

➤ *Cell phone numbers must be able to receive text messages*

Traveler Information Form

MOBILITY ISSUES



- Difficulty Walking YES: ____ NO: ____
- Difficulty on Stairs YES: ____ NO: ____
- Uses a Walker or Cane YES: ____ NO: ____
- Uses a Wheelchair YES: ____ NO: ____
- Transfers in and out of a wheelchair YES: ____ NO: ____
- *If "Yes," Specify:* _____
- Other: _____

HEART ISSUES



- High Blood Pressure: YES: ____ NO: ____
- Has a Pacemaker: YES: ____ NO: ____
- On Coumadin/Warfarin: YES: ____ NO: ____
- Has had a Heart Attack: YES: ____ NO: ____
- *If "Yes," Provide Date:* _____
- Has had a Stroke: YES: ____ NO: ____
- *If "Yes," Provide Date:* _____
- Other Heart Conditions: _____

Traveler Information Form

RESPIRATORY ISSUES



- Has Asthma: YES: ____ NO: ____
- Has COPD: YES: ____ NO: ____
- On Oxygen: YES: ____ NO: ____
- Current Smoker: YES: ____ NO: ____
- Former Smoker: YES: ____ NO: ____
- Uses C-PAP: YES: ____ NO: ____
- Uses Nebulizer/Inhaler YES: ____ NO: ____ Specify: _____
- Other: _____

SEIZURE ACTIVITY

- Has History of Seizures: YES: ____ NO: ____ Type: _____
- Description of the Seizures: _____
- How long do they last? _____ Seizure Triggers? _____
- Date of Last Seizure: _____ Length of Last seizure: _____
- Has VNS: (*Vagus Nerve Stimulation*) YES: ____ NO: ____
- Special Instructions: _____

Emergency Contact in The Event of a Seizure

Name: _____

Title / Relationship to Traveler: _____

Phone: _____ Cell Phone: _____

Traveler Information Form

SPECIAL DIETARY REQUIREMENTS



- Sugar Free: YES: ____ NO: ____
- Can Have Sugar but Is Limited: YES: ____ NO: ____
- Caffeine-Free: YES: ____ NO: ____
- Vegetarian Diet: YES: ____ NO: ____
- Low Sodium: YES: ____ NO: ____
- Low Cholesterol / Low Fat: YES: ____ NO: ____
- Lactose Free: YES: ____ NO: ____
- Gluten Free: YES: ____ NO: ____
- Textured Food: YES: ____ NO: ____
- *If "Yes," Specify:* _____
- Thickened Liquids: YES: ____ NO: ____
- *If "Yes," Specify:* _____
- Other Special Diet: _____

DIABETES

- Type I Diabetes: YES: ____ NO: ____
- Type II Diabetes: YES: ____ NO: ____
- Insulin Injection: YES: ____ NO: ____
- Oral Medication: YES: ____ NO: ____
- Special Instructions? _____

Traveler Information Form

VISION / SPEECH / HEARING IMPAIRMENTS



- Verbal? YES: ____ NO: ____
- Non-Verbal? YES: ____ NO: ____
 - How does the person communicate? _____
- Hearing Impaired / Loss: YES: ____ NO: ____
- Uses Sign Language: YES: ____ NO: ____
- Hearing Aid(s): YES: ____ NO: ____
- Visually Impaired: YES: ____ NO: ____
- Wears Eyeglasses: YES: ____ NO: ____
- Wears Contact Lenses: YES: ____ NO: ____
- Has Dentures: YES: ____ NO: ____
- Other: _____

COMMUNICABLE DISEASE



- Hepatitis YES: ____ NO: ____
- MRSA YES: ____ NO: ____
- Tuberculosis YES: ____ NO: ____
- HIV/AIDS YES: ____ NO: ____
- Measles YES: ____ NO: ____
- Other: _____

Traveler Information Form

ALLERGIES



- Seasonal: YES: ____ NO: ____

Describe: _____

- Insect Stings: YES: ____ NO: ____

Describe: _____

- Medications: YES: ____ NO: ____

List: _____

- Food Allergies: YES: ____ NO: ____

List: _____

- Latex Allergies: YES: ____ NO: ____

- Other _____

Do you have an Epi-Pen? YES: ____ NO: ____

If "Yes," include Special Instructions: _____

Traveler Information Form

BEHAVIORAL DIFFICULTIES



- Wanders: YES: ____ NO: ____
- Describe: _____

- Taking Things/Shoptlifting: YES: ____ NO: ____
- Describe: _____

- Sexual: YES: ____ NO: ____
- Describe: _____

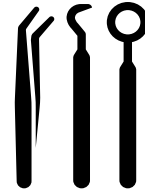
- Aggressive: YES: ____ NO: ____
- Describe: _____

- Other: _____

SUGGESTED MEANS OF ADDRESSING BEHAVIORAL DIFFICULTIES???

Traveler Information Form

SURGERIES, PROCEDURES & MEDICAL DEVICES



- Prosthetic Limbs: YES: ___ NO: ___
➤ *If “Yes,” Specify:* _____

- Transplants/Grafting: YES: ___ NO: ___
➤ *If “Yes,” Specify:* _____

- Recent Surgeries (*Past Year*): YES: ___ NO: ___
➤ *If “Yes,” Specify:* _____

- Metal Implants: (Titanium, Cobalt, Stainless Steel) YES: ___ NO: ___
➤ *If “Yes,” Specify:* _____

- Chemotherapy/Radiation: YES: ___ NO: ___
➤ *If “Yes,” Specify:* _____

- Medical Devices (Ostomy, Catheter, Feeding Tubes, Oxygen, etc.) YES: ___ NO: ___
➤ *If “Yes,” Specify:* _____

- Other: (Neurological, Cardiac, Sensory, Gastric) YES: ___ NO: ___
➤ *If “Yes,” Specify:* _____

Traveler Information Form

TRAVELER GENERAL INFORMATION



- Do I hold my ID? YES: ____ NO: ____
- Do I hold my own money? YES: ____ NO: ____
- Do I get along well with others? YES: ____ NO: ____
- Can I swim on my own? YES: ____ NO: ____

➤ *Help required (if any):* _____

❖ **Do I like Amusement Parks?** YES: ____ NO: ____

- *Fast Rides* YES: ____ NO: ____
- *Slow Rides:* YES: ____ NO: ____

❖ **Do I use any Substances?** YES: ____ NO: ____

➤ *If "Yes", Requires: Please Check Off Which Applies*

- Chewing Tobacco: ____ Cigarettes: ____ Vapes: ____ Alcohol: ____
- Do I hold/use my own Tobacco products while traveling? YES: ____ NO: ____

❖ **Things I enjoy (Optional)**

- Shopping: YES: ____ NO: ____ Animals: YES: ____ NO: ____
- Music: YES: ____ NO: ____ Gambling: YES: ____ NO: ____
- Chatting: YES: ____ NO: ____ Reading: YES: ____ NO: ____
- Having my own Independence: YES: ____ NO: ____
- Other: _____

❖ **T-Shirt Size:** _____

Time Of Your Life Vacations LLC

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Traveler Information Form

MEDICATION POLICY All medications must be fully pre-poured into single-dose packets labeled with the traveler’s full legal name, medication name, dosage, and exact administration time for all vacations, **Medications in bottles, blister packs, lock boxes, or personal containers will not be accepted.** Travelers arriving without properly pre-poured medications will be denied participation at check-in, with no refunds or credits.



Medications may not be placed in luggage. An extra day’s supply is required for overnight trips. Liquids, creams, inhalants, and similar items must remain in original containers with clear instructions. Written directions are required for any specialized Instructions . Travelers needing oxygen, insulin injections, or refrigerated medications must contact Time of Your Life Vacations LLC before registration to confirm if accommodation is possible; participation will be denied if they are not.

Travelers, guardians, or representatives are solely responsible for accurate pre-pouring, complete instructions, and full disclosure of medical needs. Time of Your Life Vacations LLC assumes no liability for adverse outcomes resulting from incomplete, inaccurate, or undisclosed information or failure to follow this policy. Non-compliance may result in denied participation or future services, with no refunds or credits.”

Questions about pre-poured medication requirements may be directed to a pharmacist. A helpful example service is AccuPacRx (<https://accupacrx.com/>). Additional questions should be directed to the Time of Your Life Vacations LLC office

*****In the event an emergency medical decision is required, please list the traveler’s legal guardian. If the traveler is their own legal guardian, provide their full legal name.****

Name: _____

Title / Relationship to Traveler: _____

Phone: _____ Cell Phone: _____

By Signing Below, I acknowledge that I have reviewed The Medication Policy detailed above and confirm my understanding and acceptance of their terms and conditions.

Traveler: _____ Date _____

Witness Signature _____ Date _____

Time Of Your Life Vacations LLC

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Traveler Information Form



MEDICATIONS, please list all Medications, Time & Dosages or attach home visit sheets, MARS, or notes listing times & dosage!) List all medication even if not used on every vacation. **Special Instructions:** Include information or medical needs the traveler may have during a vacation. (Needs Pills Crushed, Cut, Dissolved, Take with Water or Applesauce Etc.)

Name of Medication: _____

Dosage: _____ Time(s): _____

Special Instructions: _____



Name of Medication: _____

Dosage: _____ Time(s): _____

Special Instructions: _____



Name of Medication: _____

Dosage: _____ Time(s): _____

Special Instructions: _____



Name of Medication: _____

Dosage: _____ Time(s): _____

Special Instructions: _____

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Traveler Information Form

OTC (OVER THE COUNTER) MEDICATION PERMISSIONS

In the event of a non-emergency illness or minor injury—including but not limited to headaches, nausea, mild pain, or inflammation—Time of Your Life Vacations LLC staff, all of whom are Red Cross certified in Basic First Aid, may provide basic first-aid assistance as permitted by their training. Staff may also maintain and offer non-prescription (OTC) medications for minor, non-urgent discomforts. Although conditions such as headaches or upset stomachs are not considered medical emergencies, they may affect a traveler’s comfort and participation. With the proper written authorization, designated Travel Coordinators and approved staff may administer only the OTC medications listed on the next page. No OTC medication will be administered without the required signatures and permissions on file, and only trained, authorized personnel may assist.

LIABILITY NOTICE: By granting permission, the signee acknowledges and agrees that Time of Your Life Vacations LLC, its owners, employees, volunteers, and representatives assume no responsibility or liability for any adverse reactions, side effects, or unintended consequences resulting from the voluntary administration of OTC medications. All OTC medication assistance is provided solely at the request and with the express consent of the signee, who accepts full responsibility for any resulting outcomes.

DOSAGE: Only the manufacturers recommended dosages will be administered. All known allergies and relevant health concerns will be carefully reviewed and considered before any OTC medication is given

PERMISSIONS: If you do not wish for the traveler to receive any OTC medications, your signature is not required, and you may skip the following page. Please proceed directly to page 14. No OTC medications will be administered if the required signature is missing.

By Signing Below, I acknowledge that I have reviewed the OTC Permissions detailed above and confirm my understanding and acceptance of its terms and give my full explicit consent regarding OTC administration if desired.

Traveler: _____ **Date** _____

Witness Signature _____ **Date** _____

Time Of Your Life Vacations LLC

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Traveler Information Form

Please select which, if there are any, over-the-counter (OTC) medications this traveler is permitted to receive (Optional)

*** Please Check If Permitted to Administer OR Here if ALL are Permitted ____

PAIN RELIEVERS / NSAIDS

- Acetaminophen (Tylenol) ____
- Ibuprofen (Motrin, Advil) ____
- Naproxen Sodium (Aleve) ____
- Aspirin (Bayer) ____

ALLERGY RELIEF/ANTIHISTIMINES

- Diphenhydramine (Benadryl) ____
- Loratadine (Claritin) ____
- Fexofenadine (Allegra) ____

DIGESTIVE & STOMACH RELIEF

- Antacids (Tums, Roloids) ____
- Bismuth subsalicylate (Pepto-Bismol) ____
- Loperamide (Imodium) ____
- Famotidine (Pepcid) ____
- Omeprazole (Prilosec OTC) ____
- Dimenhydrinate (Dramamine) ____

TOPICAL PAIN RELIEF / FIRST AID

- Lidocaine creams/patches (Icy Hot) ____
- Menthol/camphor rubs (Icy Hot, Bengay, Vicks) ____
- Hydrocortisone cream 1% (Steroid-based Anti-Itch) ____
- Triple antibiotic ointment (Neosporin) ____
- Petroleum Jelly (Vaseline) ____

By signing below, I confirm that I understand and agree to comply with above policies. I hereby authorize the administration of assigned over-the-counter (OTC) medications, to be provided if needed, with my express consent as the traveler's guardian/support staff.

Traveler: _____ Date _____

Witness Signature _____ Date _____

Time Of Your Life Vacations LLC

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Traveler Information Form

MEDICATIONS ASSISTANCE

Time of Your Life Vacations LLC is not a pharmacy, medical provider, or licensed medication-dispensing entity and does not pour, package, prepare, or alter medications. Our role is limited to assisting travelers in taking the pre-poured medications submitted to us, and only according to the written schedule provided by the guardian, caregiver, or agency. Those parties bear sole responsibility for supplying all medications, ensuring accurate pre-pouring, proper labeling, correct dosages, and complete written instructions. Time of Your Life Vacations LLC assumes no responsibility or liability for any medication-related issues, including but not limited to incorrect dosages, missed or late doses, medication errors, unclear or improper labeling, or any errors arising from medications prepared by guardians, caregivers, or agencies, as well as any errors made by staff while assisting with the medications provided. The medications turned in at check-in are the only medications we will assist with, and caregivers or agencies remain fully responsible for their accuracy and preparation. Travelers who do not submit medications are considered independent in managing their own medication regimen, and we bear no responsibility or liability for their medication use.

Please note If a traveler needs reminders to take their medication, they are not considered independent. We also cannot promise to give reminders if their medication is not turned in to our staff.

- The Traveler is independent with their Medications **YES:** ____ **NO:** ____
- The Traveler needs assistance with their medications **YES:** ____ **NO:** ____

Person to call if we have questions about medications.

These contacts/numbers MUST be available after normal business hours!

Examples of acceptable Contacts are cell phone numbers, on-call staff numbers, and family members. MUST LIST AT LEAST ONE

*Name: _____ Cell Phone: _____

*Name: _____ Cell Phone: _____

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Traveler Information Form

PROMOTIONAL USE POLICY & PERMISSIONS



Time of Your Life Vacations LLC reserves the unrestricted right to photograph, film, or otherwise record travelers during any vacation activity. All such photographs, videos, and recordings may be used, reproduced, displayed, distributed, or published by the company for promotional, advertising, social media, or other commercial purposes, without further notice, approval, or compensation to the traveler. Submission of the Traveler Information Form or Registration constitutes acknowledgment and consent to these terms.

By Signing Below, I acknowledge that I have reviewed the Promotional Use Policy detailed above, and confirm my understanding and acceptance of its terms and conditions:

Traveler: _____ **Date** _____

Witness Signature _____ **Date** _____

PLEASE PICK ONE!!!

_____ **NO NAMES: Do not use my name for Promotional use.**

_____ **USE OF FIRST NAME: You may use my first name for Promotional use.**

_____ **USE OF FULL NAME: You may use my first and last name for promotional use.**

Pictures & videos of our vacations are also available for public view on our Facebook page

<https://www.facebook.com/112060991745096>

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Traveler Information Form

TRAVELER IDENTIFICATION POLICY:

All travelers **MUST** bring a **VALID**, state-issued photo ID to every vacation. Please check the expiration date before traveling. This ID must be shown to a Time of Your Life Vacations LLC staff member or Travel Coordinator during check-in. If a traveler arrives without proper identification, they will not be able to join and will be sent home without a refund.



Some vacations require additional identification, especially those involving air travel, rail travel, cruises, or international destinations. These extra requirements vary depending on the trip, and the specific ID needed will always be listed in the vacation description. Travelers are responsible for reviewing these requirements ahead of time and making sure they bring the correct documents.

Any travel outside the United States requires a valid passport — NO EXCEPTIONS. For all vacations outside of the United States of America, every staff member, volunteer chaperone, and traveler must have a valid passport. Passport cards are not accepted for any international travel.

(Refunds will not be issued due to a lack of proper identification.)

REAL ID Requirements

Every air traveler age 18 or older must present a **REAL ID**–compliant driver’s license, a state-issued enhanced driver’s license, a U.S. passport, a U.S. military ID, or another TSA-approved form of identification to fly within the United States.

- **TSA REAL ID Requirements (Official TSA Page)**
<https://www.tsa.gov/travel/security-screening/identification>

By Signing Below, I acknowledge that I have reviewed the Traveler ID policy detailed above and confirm my understanding and acceptance of its terms and conditions.

Traveler: _____ **Date** _____

Witness Signature _____ **Date** _____

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CANCELLATION & REFUNDS Time of Your Life Vacations LLC requires that ALL cancellations must be in writing and in accordance with the refund conditions and Certified mailed/Emailed to Time of Your Life Vacations LLC. Cancellations made on confirmation forms, via text, Facebook messages, or answering machines are **NOT ACCEPTABLE**.

Cancellation deadlines listed below are non-refundable. No-shows, Late arrivals, Missing forms and Situations where boarding is denied due to missing or improper identification are always non-refundable. Many travelers who live in agency or group homes miss scheduled vacations because of staff errors at their residence. Please note that Time of Your Life Vacations LLC does not provide refunds in these situations

One Day Vacations: Vacation cancellations made less than 21 days before the scheduled Vacation date are non-refundable

Multi-Day Vacations: Vacation cancellations made less than 56 days before the scheduled vacation date are non-refundable

Flight, Cruise, & International Vacations: Vacation cancellations made less than one hundred days before the scheduled vacation date are non-refundable.

Certain vacations may have more restrictive cancellation policies and penalties. This will be indicated on the vacation's description. Written cancellation must be received before any refund is issued. Refunds are issued by check. Please allow at least three (3) weeks for processing. In the event Time of Your Life Vacations LLC issues a refund, the amount refunded may not constitute a full refund. This is due to prepaid and non-recoverable expenses, including but not limited to tickets, meals, hotel fees, transportation fees, service fees, and other associated costs.

By Signing Below, I acknowledge that I have reviewed the Policies detailed above and confirm my understanding and acceptance of their terms and conditions.

Traveler: _____ Date _____

Witness Signature _____ Date _____

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DEPOSITS & PAYMENTS Any vacation for which a traveler submits a deposit is governed by the Cancellation & Refunds Policy, and all travelers, guardians, caregivers, and agencies acknowledge that deposits become non-refundable if cancellation occurs within the number of days specified in that policy. If a traveler cancels within the non-refundable window and has made only a partial payment, the traveler, guardian, caregiver, or agency remains fully responsible for paying the remaining balance of the trip, regardless of the cause or circumstances of cancellation. Failure to pay the outstanding balance, or failure to establish an approved payment plan with Time of Your Life Vacations LLC, authorizes the company to pursue all lawful means of recovery, including referral to collections and legal action to obtain the unpaid amount and any associated fees. In the unfortunate event that legal recourse becomes necessary, Time of Your Life Vacations LLC will hold the traveler and/or the party responsible for payment fully liable for all legal fees, court costs, collection expenses, and associated charges incurred in the process of recovering outstanding balances or enforcing this agreement. Time of Your Life Vacations LLC will make reasonable efforts to work with travelers and may offer individualized payment arrangements at its discretion; this policy is enforced uniformly and without exception. Time of Your Life Vacations LLC may, at its sole discretion, offer leniency depending on the circumstances; however, any such consideration varies on a case-by-case basis and is not guaranteed in any way.

ITINERARY CHANGES Time of Your Life Vacations LLC reserves the right, at its sole discretion, to cancel, modify, or adjust any itinerary at any time. Time of Your Life Vacations LLC also reserves the right to cancel any vacation session due to insufficient registration, non-payment, or any other operational reason deemed necessary. In the event of such cancellation, travelers who have paid in full will be offered priority selection of available alternative vacations or may elect to receive either a full refund or credit toward a future vacation. Time of Your Life Vacations LLC shall not be responsible for any additional expenses, loss of time, monetary loss, inconvenience, or other consequences incurred by a traveler because of itinerary changes, modifications, or cancellations.

By Signing Below, I acknowledge that I have reviewed the Policy detailed above and confirm my understanding and acceptance of its terms and conditions.

Traveler: _____ **Date** _____

Witness Signature _____ **Date** _____

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Traveler Information Form

TRANSPORTATION

Transportation to and from the designated pick-up location is the sole responsibility of the traveler or their party responsible. Time Of Your Life Vacations LLC does not provide transportation to the pick-up point. Seating on the motor coach, minibus, or van cannot be reserved and is strictly first-come, first-served.

VEHICLE SAFETY

Time of Your Life Vacations LLC places the highest priority on traveler safety. Every van, minibus, and motorcoach we use is carefully maintained through regular preventive service to ensure reliable performance. All Time of Your Life Vacations LLC–owned vehicles undergo thorough safety inspections throughout the year so travelers can feel confident and secure while on the road with us.

PICK UP POINTS/ LATE ARRIVALS & RETURNS

Please plan to arrive at the pick-up point at the scheduled time. Staff aren't available before that time, so arriving early may mean waiting on your own. We work hard to be on time for all pickups and returns so the day starts and ends smoothly for everyone. If a traveler is not picked up within thirty (30) minutes after the group returns and a staff member needs to stay and wait with them, a waiting fee may be applied.

UNEXPECTED DELAYS

In the event of severe weather, a vehicle breakdown, airline delays, or other unexpected events affecting our departure or return time, Time of Your Life Vacations LLC will make every effort to notify travelers, caregivers, agency staff, and family members promptly. Although we maintain our vehicles carefully, emergencies can still occur. When possible, we will arrange alternate transportation. If no alternative transportation is available, such as when rental companies are closed or not accessible, we will notify caregivers, agency staff, and family members immediately. In these rare situations, travelers may need to be picked up directly from the breakdown or emergency location. This would only occur in an extreme circumstance where no other options exist.

By Signing Below, I acknowledge that I have reviewed the Policies detailed above and confirm my understanding and acceptance of their terms and conditions.

Traveler: _____ **Date** _____

Witness Signature _____ **Date** _____

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Traveler Information Form

ILLNESS / INJURY & LIABILITY Time of Your Life Vacations LLC shall **NOT** be liable for any illness, injury, accident, or medical expense incurred by a traveler at any time during a vacation. This includes, but is not limited to, situations in which the traveler requires or receives medical evaluation, treatment, or emergency care. If a traveler becomes ill or injured, requires a level of care or assistance beyond what Time of Your Life Vacations LLC can reasonably provide, or is unable to continue with the scheduled itinerary or remain with the group, all costs associated with medical care, emergency services, supervision, transportation, or any arrangements necessary to return the traveler home shall be the sole financial responsibility of the traveler and/or their legal guardian or designated support staff. Time of Your Life Vacations LLC assumes no financial responsibility for such expenses. Time of Your Life Vacations LLC acts solely as an agent in arranging transportation, accommodation, optional sightseeing tours, cruises, and other related travel services provided by independent third-party suppliers. As such, Time of Your Life Vacations LLC shall not be liable for any damage, loss, delay, injury, accident, or incident arising from weather conditions or from any act, error, negligence, or omission of any third-party company or individual engaged in providing services included in our vacations. Time of Your Life Vacations LLC further assumes no responsibility for any medical expenses, injury, or health-related issues incurred by a traveler at any time, including circumstances in which the traveler requires or receives medical evaluation, treatment, or care. All such expenses remain the sole responsibility of the traveler and/or their legal guardian or designated support staff

RESPONSIBILITY Time of Your Life Vacations LLC Staff Members, Travel Coordinators, and Volunteer Chaperones are committed to providing a safe and enjoyable travel experience. However, all travelers participate in vacations at their own risk and, by doing so, expressly release and hold harmless Time of Your Life Vacations LLC, its staff members, Travel Coordinators, and Volunteer Chaperones from any legal liability for injury, harm, loss, or damage to persons or property that may occur during travel. Travelers are strongly advised to always maintain and carry their own medical insurance. In the event a traveler must be removed from a trip due to medical, behavioral, or psychological circumstances, all costs associated with their return, including transportation and related expenses, shall be the sole responsibility of the traveler and/or their legal guardian or support staff. Any incidental expenses incurred by a traveler during the trip are likewise the responsibility of the traveler and must be reimbursed to Time of Your Life Vacations LLC within ten (10) days of receiving an invoice.

By Signing Below, I acknowledge that I have reviewed ALL the detailed policies listed above and confirm my understanding and acceptance of their terms and conditions.

Traveler: _____ **Date** _____

Witness Signature _____ **Date** _____

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Traveler Information Form

TRAVELER SAFETY Any traveler may be dismissed from a vacation at any time by Time of Your Life Vacations LLC staff or the designated Travel Coordinator if, in their sole judgment, the traveler poses a safety risk to themselves or others, disrupts the experience of the group, or is otherwise unable to participate appropriately. Upon dismissal, Time of Your Life Vacations LLC shall assume no further obligation, financial or otherwise, to the traveler. All costs associated with early departure, supervision, transportation, or return arrangements shall be the sole responsibility of the traveler and/or their legal guardian or designated support staff

OVERNIGHT SAFETY & SUPERVISION Time of Your Life Vacations LLC provides supervised and supported care to our travelers; however, we do not provide 24-hour continuous supervision. Travelers attending any overnight or multi-day vacation will be assigned a room with another traveler. While Time of Your Life Vacations LLC makes every reasonable effort to room travelers with familiar individuals and/or travelers from the same agency, this cannot be guaranteed. Staff will make reasonable efforts to instruct travelers on how to use hotel-provided phones, where to go, and what to do in the event of an emergency, and travelers are checked on before bedtime to ensure general safety. However, Time of Your Life Vacations LLC cannot reasonably provide round-the-clock, and in-room supervision unless specific arrangements are made in advance and agency staff are provided; additional fees will apply if a volunteer or staff member is required to room with a traveler. Time of Your Life Vacations LLC is not responsible or legally liable for any illness, injury, or other unspecified issues that may occur when travelers are in their rooms without staff present. By reading and signing below, the traveler and the party responsible for completing this form acknowledge, understand, and consent to this information.

SAFETY BASED DENIAL POLICY Time of Your Life Vacations LLC specializes in accommodating a wide variety of individuals with disabilities and strives to provide reasonable support based on the training and abilities of our Volunteer Chaperones, Travel Coordinators, and staff. However, the company reserves the right to deny participation in any vacation, activity, or service when a traveler’s needs, behaviors, medical requirements, or required level of supervision creates safety concerns that cannot be reasonably accommodated within the structure of the vacation. This includes situations in which the traveler’s support needs exceed the level of supervision we can provide, pose a risk to themselves or others, or require specialized care, staffing, or medical oversight that Time of Your Life Vacations LLC is not licensed, trained, or equipped to deliver. In such cases, the traveler, guardian, caregiver, or agency may be required to provide additional staffing or support at their own expense. If appropriate supports cannot be arranged, Time of Your Life Vacations LLC may deny or discontinue services to ensure the safety of all travelers and staff. This policy is enforced uniformly and is based solely on safety considerations for the travelers and those around them.

By Signing Below, I acknowledge that I have reviewed ALL the detailed policies listed above and confirm my understanding and acceptance of their terms and conditions.

Traveler: _____ **Date** _____

Witness Signature _____ **Date** _____

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ACKNOWLEDGEMENT OF POLICIES By reading and signing below, you acknowledge and agree to all policies contained in this form. Failure to provide any required signature will render this form incomplete, and it will be returned for correction. Time of Your Life Vacations LLC reserves the right, at any time, to request missing signatures or clarification of any vague, incomplete, or otherwise insufficient information. Failure to update or correct this form upon request will result in cancellation of the traveler’s participation without refund. Responsibility for providing accurate and complete information rests solely with the traveler, the designated caregiver, agency staff, or the legal guardian.

Time of Your Life Vacations LLC is not liable for any errors, omissions, or adverse outcomes resulting from inaccurate, incomplete, or misleading information supplied by agency staff, caregivers, or any individual completing this form. Time of Your Life Vacations LLC relies entirely on the accuracy and professional judgment of those providing this information, making it essential that all details are complete, truthful, and submitted in a timely manner prior to any scheduled trip.

It is the responsibility of the caregiver, agency, or legal guardian to ensure this form is fully completed and submitted before a traveler may attend any vacation. Time of Your Life Vacations LLC prioritizes traveler safety above all else. We are committed to providing a safe, inclusive, and supportive experience; however, we cannot do so without the accurate and complete information requested in this document. We appreciate your diligence in completing this form annually and your continued cooperation.

By Signing Below, I acknowledge that I have Reviewed & Signed all the detailed policies listed in this form and confirm my understanding and acceptance of their terms and conditions. THIS MUST BE SIGNED!!!

Traveler: _____ Date _____

Witness Signature _____ Date _____

We deeply respect and value our travelers, and we are committed to enriching their lives through meaningful travel and discovery. Every trip is designed to provide a safe, healthy, and supportive environment where fun, personal growth, confidence, and self-empowerment can thrive. Our goal is to help each traveler experience the world in ways that inspire joy, independence, and lasting memories.

Time Of Your Life Vacations LLC

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Please provide copies of the items listed below and return this form no later than three (3) weeks before your scheduled vacation or trip. Failure to provide the requested information may result in removal from the vacation without refund.

Required Documents Checklist

- Complete & Sign the Traveler Information Form.**

- Return This Form No Later Than Three (3) Weeks Before Your Scheduled Vacation**

- Submit A Copy of Your Current Medical Card.**

- Submit A Copy of Your Valid State-Issued Photo I.D**

- Submit A Copy of Your Valid Passport (Required for All Out-Of-Country Vacations)**

PLEASE SEND TO!!

Time Of Your Life Vacations LLC

PO BOX 10605
Pittsburgh, PA 15235

Email: registrations@timeofyourlifevacations.org

Website: timeofyourlifevacations.org