

Special Journeys, LLC

Trip Signup Form

Traveler's Name _____

City and State _____

Step 1: Select Your Trip

Please write in the name of the trip(s) that you are signing up for: _____

Spend Down or Pre-Payment: I want to pre-pay for a trip that will be selected later _____

Step 2: Trip Insurance

Trip insurance will refund your payment if a health problem prevents you from attending.

Would you like to receive information about trip insurance? YES _____ NO _____

Step 3: Additional Staffing Needs (OPTIONAL)

One-on-one staff needed for this traveler (additional expense required) _____

Step 4: Payment Information (Please select one)

_____ Hold a space for 10 days (deposit or payment required after 10 days)

_____ Deposit Included (\$100 for Bus or \$200 for Air, Cruise or Rail Vacations)

_____ Partial Payment of _____ enclosed

_____ Full Payment enclosed

Step 5: Application (Please select one)

Application Enclosed _____

Application Already On File (No need to resend unless there are changes! If there are changes only complete the page(s) covering the relevant change(s)) _____



Special Journeys, LLC

Mailing Address: P.O. Box 583, Boys Town, NE 68010
Omaha Office: (402) 884-1014 Kansas City Office: (913) 227-0044

Traveler Application

Full Legal Name (incl. Middle Initial) _____

Traveler's Common First Name: _____

Street Address: _____

City: _____ State: IA KS MO NE SD Zip Code: _____

Phone Number: (Day) _____ (Evening) _____

Date of birth: ____/____/____ Gender: Male / Female

Does Traveler have a: State Issued Photo ID? Yes / No
Passport? Yes / No

T-Shirt/Sweatshirt Size: XXL XL L M S

Parent/Guardian Name: _____ Relationship: _____

Full Address: _____

Phone: (Day) _____ (Evening) _____

1st Emergency Contact: _____ Relationship: _____

Phone: (Day) _____ (Evening) _____

2nd Emergency Contact: _____ Relationship: _____

Phone: (Day) _____ (Evening) _____

Doctor's Name: _____ Phone: _____

Agency Name: _____

Contact Person: _____

Full Address: _____

Phone: (Day) _____ (Evening) _____

Fax: _____ E-mail address: _____

To who/whom should travel correspondence be sent? _____

Part 2: Traveler information

___ Developmentally Disabled

___ Mild ___ Moderate ___ Severe ___ Profound

___ Physically Disabled

___ Blind ___ Hearing impaired ___ Non-verbal

___ Needs assistance walking (Traveler uses: ___ walker ___ cane ___ braces)

How far can traveler easily walk? _____

Will Traveler need a wheelchair on trip? _____

___ Non-Ambulatory

___ Manual wheelchair ___ Electric wheelchair ___ Uses Hoyer Lift

Requires roll-in shower? ___ Wheelchair has separate charger unit? ___

Can (a) transfer to a vehicle seat: ___ (b) toilet without assistance: ___

(NOTE: Travelers who are non-ambulatory may be required to supply their own staff)

Please check all that apply:

- | | | |
|--|---|---|
| ___ Reads | ___ Uses sign language | ___ Cerebral palsy |
| ___ Writes | ___ Visually impaired | ___ Muscular dystrophy |
| ___ Wears glasses | ___ Uses adaptive equipment | ___ Blood disorder |
| ___ Contact lenses | ___ Spina Bifida | ___ Stroke |
| ___ Hearing aid | ___ Multiple Sclerosis | ___ Arthritis |
| ___ Dentures | ___ Poor coordination | ___ Terminally ill |
| ___ Smokes | ___ Asthma | ___ Mentally Ill |
| ___ Allergies | ___ Tires Easily | ___ Autism |
| ___ Swimmer | ___ Sleep walking | ___ Diabetes |
| ___ Irregular sleeping
(describe below) | ___ Wanders
<i>(please describe fully below)</i> | ___ Psychological
impairment |
| ___ Special Diet
(describe below) | ___ Seizure disorder | ___ Heart condition
(describe fully below) |

Food Allergies/Intolerances: _____

Other - please describe in detail: _____

Please describe each item checked above using additional pages if necessary:

_____ *(add'l room on next page)*

Is traveler able to take medicines by him/herself? Yes / No

Is traveler able to take:

Aspirin Yes / No Tylenol Yes / No Advil Yes / No Antacid Yes/No
Pepto Bismol Yes / No Immodium Yes / No Dramamine Yes / No
Cough Syrup Yes / No Decongestant Yes / No Milk of Magnesia Yes / No

Describe any medicine traveler should not take and/or any allergies: _____

Individual Information:

Toileting	_____ No Assistance	_____ Partial Assistance	_____ Total Assistance
Showering	_____ No Assistance	_____ Partial Assistance	_____ Total Assistance
Dressing	_____ No Assistance	_____ Partial Assistance	_____ Total Assistance
Eating	_____ No Assistance	_____ Partial Assistance	_____ Total Assistance
Money Management	_____ No Assistance	_____ Partial Assistance	_____ Total Assistance

Describe any information that will be helpful to care for the Traveler in reference to the above:

Spending Money: Traveler should (choose one) _____ Hold all money (b) _____ hold money for each individual day, or (c) _____ Staff should hold all money and assist traveler.

Traveler Likes: _____

Traveler Dislikes: _____

Traveler Fears: _____

Traveler's Special Skills: _____

What expectations do the Traveler, parents/guardians and caregivers have for this vacation?

Staff/traveler ratio is 1:3 or 1:4. Vacation care/supervision tends to be more intensive & demanding than in the home setting. Will traveler function well with this level of supervision? If no, explain.

Part 3: Behavior Information

Please indicate and describe in detail any behavioral concerns that may apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Injurious to self | <input type="checkbox"/> Aggressive to others | <input type="checkbox"/> Verbally aggressive |
| <input type="checkbox"/> History of stealing | <input type="checkbox"/> Fabricates stories | <input type="checkbox"/> Inappropriate touch |
| <input type="checkbox"/> Destructive to property | <input type="checkbox"/> Interacts inappropriately with others | <input type="checkbox"/> Needs constant supervision (1:1) |

Please describe any behavioral concerns indicated above and how they are best handled:

When was the last time traveler has been on a group vacation? _____

Has the traveler been refused access or sent home by other recreational providers? Yes / No

If yes, please explain: _____

Part 4: Trip Suggestions

What other trips or locations would you be interested in that Special Journeys does not currently offer? _____

Special Journeys LLC - Traveler Agreement and Release

Traveler's Name: _____

At Special Journeys, LLC we believe that everyone should have the opportunity to travel. As a result, we look forward to providing trips to explore new places in a structured manner.

As a traveler I acknowledge the enjoyment I receive from traveling. I understand that my experiences may involve activities, living arrangements and interactions that may be new to me, and that these experiences come with risks and uncertainties beyond what I may be used to dealing with every day. I realize that no environment is risk free and understand the importance of obeying the directions of the staff and volunteers.

In consideration of the services of Special Journeys, LLC, it's members, agents, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Special Journeys"), I hereby agree to release and discharge Special Journeys, on behalf of myself, my children, my parents, heirs, assigns, personal representatives and estate as follows:

- (1) I acknowledge that the trips entail both known and unknown risks which could result in illness, aggravation of an existing illness or condition, disease, physical injury, emotional injury, permanent disability, death, or damage to me, to property, or to third parties. I understand that staff and volunteers are responsible for their own care as well as for the care of other travelers and that they may not be able to provide me with constant supervision.
- (2) I hereby voluntarily release, waive, covenant not to sue, forever discharge and agree to indemnify and hold harmless Special Journeys from any and all liabilities, claims, demands, actions or causes of action whatsoever which are in any way connected with my participation in the trip and in transit to or from the trip, including any such claims which allege negligent acts or omissions of Special Journeys, to the fullest extent permitted by law.
- (3) Should Special Journeys be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- (4) I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while traveling, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety on this trip, or else I am willing to assume, and bear the costs of, all risks that may be created, directly or indirectly, by such condition.
- (5) I agree that if any portion of this agreement is held to be invalid by a court of law then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.
- (6) In the event that I sue Special Journeys, I agree the Venue of any dispute arising from this agreement or otherwise between the parties to which Special Journeys is a party shall be Douglas County, Nebraska. I also agree that the substantive law of Nebraska shall apply in that action without regard to the conflict of law rules in Nebraska.

TRAVELER OR THEIR GUARDIAN HAS CAREFULLY READ THESE TERMS AND FULLY UNDERSTANDS THEIR CONTENT AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY, EVEN IF ARISING FROM THE NEGLIGENCE OF SPECIAL JOURNEYS, AND A CONTRACT BETWEEN TRAVELER OR THEIR GUARDIAN AND SPECIAL JOURNEYS AND SIGNS OF HIS OR HER OWN FREE WILL.

Date: _____ *Both traveler and legal guardian should sign unless traveler is his/her own guardian.*

Traveler's Signature: _____ Guardian's Signature: _____

Printed Name: _____ Printed Name: _____

Medical Emergency & Photo Release

Medical Emergency

In case of a medical emergency, I understand that every reasonable effort will be made to contact the emergency contact(s) listed on the application. In the event that my contact(s) cannot be reached, or if Special Journeys, the attending physician and/or the health care provider believes that immediate care without delay is required or appropriate, I hereby give permission to the physician or health care provider selected by Special Journeys to secure medical treatment, hospitalization and/or anesthesia and, in addition, I hereby consent to injection, surgery and/or medication.

Traveler's Signature: _____ Guardian's Signature: _____

Printed Name: _____ Printed Name: _____

Photo Release

I consent to the use of my image by Special Journeys for any and all purposes, including without limitation video, still photographs, publication, and any trade or advertising purposes, provided such uses are not made so as to constitute a direct endorsement of services.

Traveler's Signature: _____ Guardian's Signature: _____

Cancellation Policy

I agree to the cancellation notice policy listed below:

Motorcoach Tours

- 21 or more days - all but \$25 refunded
- Less than 21 days - \$100 deposit retained plus any monies Special Journeys is unable to get refunded

Air, Rail, Cruise, and International Tours

- 65 or more days - all but \$50 refunded
- Less than 65 days- 20% of total trip fee retained plus any monies Special Journeys is unable to get refunded

Late & No-Show Travelers

- No-shows on the day of departure receive no refund whatsoever
- Travelers who are late for departure are considered no shows

Traveler's Signature: _____ Guardian's Signature: _____