

ROAD SCHOLAR

Part 1

US Programs Health & Safety Form

THIS FORM IS REQUIRED.

Please read carefully and complete both sides.
Form is confidential and must be returned to
Program Provider noted on opposite side no less
than **three weeks** prior to the program start.

Program # and Date _____

Name (*legal name*) _____

Nickname (*for name tag*) _____

Home Address _____

Home phone _____

Cell phone (*or alternate phone*) _____

Age _____ Birthday (*mm/dd/yyyy*) _____ / _____ / _____

Female

Male

Nonsmoker

Smoker

Traveling Companion/Roommate Name (*if any*) _____

Person to notify in event of an emergency / next-of-kin (*someone other than your traveling companion*):

Name _____ Relationship _____

Home phone _____ Cell and/or work phone _____

MEDICAL INFORMATION AND RESTRICTIONS (*Please read information on reverse before completing this section*)

Do you have **medical condition(s)** such as allergies, injuries, diabetes, emphysema, heart condition, seizures, recent surgery, or others that would be important to know about in case of an emergency? No Yes

If "Yes," please specify:

Do you have any **impairment(s)** or **restriction(s)** such as impaired mobility, hearing, vision, etc., that may prevent you from participating fully in the entire program as described by the program description or may require special rooming and/or arrangements, equipment, or assistance for you to participate in the program? No Yes

If "Yes," please specify:

Do you use or transport any of the following items? Cane Walker Wheelchair Scooter Oxygen CPAP

If "Yes," please specify which one(s), the extent to which you depend on the item(s), and if you will bring to the program:

Do you require prescription or other medication(s) on a regular basis? No Yes

If "Yes," please list and indicate reason(s) for taking (attach another page if more space is needed):

Part 2

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Do you have any **restrictive food allergy(s)**? No Yes
If "Yes," please specify:

**Please note: Participants, not Road Scholar or Program Providers, are solely responsible for making sure they do not consume foods to which they are allergic.*

Is there any additional information you would like us to know?

Do you have private medical/accident/illness insurance coverage (other than Medicare)? No Yes
If "Yes," please specify:

Name(s) of Insurance Company(s) and Policy Number(s)

Primary Care Physician (Road Scholar reserves the right to contact your physician)

Phone (24-hour emergency # if available)

Medical & Physical Needs

Road Scholar is committed to providing reasonable accommodation to enable individuals with special medical and physical needs to participate in our programs. However, Road Scholar cannot ensure your comfortable participation if you have not shared your individual needs with us in advance. Road Scholar catalogs and our website request that you share your individual needs with Road Scholar at the time of your registration. **If you have not already done so, you must do so now by calling Road Scholar's Participant Services team toll free at (877) 426-8056, not the Program Provider, so that we can determine if your needs can be accommodated.** After consulting with the Program Provider and personnel at the program sites, Road Scholar will contact you with further information on matters such as the suitability and functionality of your requests, the physical demands of the program, or the availability of dietary options. If you do not call to advise Road Scholar of your requirements

or special needs well in advance of your program, we may not be able to accommodate your requests once you arrive on the program. Please note that special dietary requests **CANNOT** be guaranteed. Alternative meal choices are available only if specifically offered (see Road Scholar catalogs and website for meal options) **AND** requested in advance.

Terms and Conditions

The granting or denial of admission to a program is within the sole discretion of Road Scholar. Road Scholar may revoke admission or limit or terminate participation at any time if, in the opinion of Road Scholar, a participant's condition, behavior or actions are problematic, inappropriate or disruptive. Road Scholar reserves the right to take action as needed on an individual or group basis when, in Road Scholar's sole opinion, the health, safety or well-being of participants requires such action. With this in mind, carefully consider the travel and program demands as

described in Road Scholar materials and consult with your physician about participating well before departure. If you are not confident in your abilities and wish to reconsider your enrollment in the program, please call Road Scholar toll free at (877) 426-8056 and we will be happy to assist you in finding a more suitable program.

Emergencies

As noted in the **Road Scholar Travel Assistance Plan** brochure included with your enrollment notice, emergency evacuation insurance is included in the cost of your program. Should you become ill or injured during the program, notify program staff as soon as possible. They will make every reasonable effort to find local medical help. It is essential that you include on this form all information that would be important to know in an emergency or that could affect your participation in the program.

Every individual enrolled in an Road Scholar program is required to complete, sign and return this confidential form to the Program Provider noted to the right no less than **three weeks** prior to the start date of the program. **Failure to submit a signed Health & Safety form no less than three weeks prior to the start of your program may result in the termination of your program enrollment.**

I have read, understand and agree to the terms and conditions as described above and declare the answers to the above questions are true and complete. I attest that I am in good general health and capable of performing all program activities as described by the program description and its corresponding Activity Level.

Signed _____

Date _____

Return this form to:

IF FOR ANY REASON YOU CANNOT OPEN OR USE THESE
FORMS AS EMAILED TO YOU, GO TO
www.gohike.org
AND USE THE LINK TO “PROGRAM FORMS”

Part 3	TRANSPORTATION/ACCOMMODATIONS
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In addition to Parts 1 and 2, please take a few minutes to complete the following information and return all of the forms to me upon receipt or at least 3 weeks prior to your program date. Please, print legibly. Thank you.

PROGRAM DATE: _____

NAME _____ **Name on Nametag** _____

Email address _____

COMPLETE THE INFORMATION, BELOW:

1) **I PREFER A ROOM WITH:** _____ *One Bed (King /Queen)* _____ *Two Beds (Queen/Double)*
(Accommodation requests will be provided to the Hotel)

2) ***Select one transportation choice below***

DRIVING: I will be driving to Beatty, NV.

SHUTTLE: Please reserve a seat for me in the **SHUTTLE** from Las Vegas to Beatty/return (read the enclosed "Program Shuttle information" BEFORE making your flight arrangements.)

3) I will arrive in Las Vegas early for the program and would like to share a room, or meet other participants
You have my permission to give them my phone number to discuss the possibility _____
Initial Here

REASONS FOR INCLUDING THE LIABILITY RELEASE AGREEMENT (Part 6)

ROAD SCHOLAR programs primarily serve adults. Our programs require participants to be aware for extended periods from their homes, families, and regular sources of medical care. Exploritas and its cooperating organizations plan these programs with care, but given the number of persons involved and variations in individuals' physical abilities and medical needs, we do not assume responsibility for determining whether any individual can safely participate in a particular program. We therefore require that each participant, in consultation with his or her own physician, accept this responsibility.

Our goal is to offer the broadest possible range of program choices, but our ability to do so is affected by the increasingly litigious society in which we operate. We therefore require that each participant assume responsibility for risks other than those arising from gross negligence or wanton or reckless conduct on the part of Exploritas or its cooperating organizations. Please review carefully and complete the form of release and return it with the rest of your forms.

You may copy all of these forms, including the Liability Release Agreement for your records.

Part 4

HIKING QUESTIONNAIRE

The information you provide below is important and will be kept confidential.

Please be HONEST & THOROUGH in your answers.

If you need additional space, please use additional sheets, and please print clearly.

PROG. DATE: _____ **NAME** _____

1. I have attended previous hiking programs in Death Valley or hiked there on my own Y N
If so, when? _____

2. I have attended previous programs with this program provider Y N
If so, when? _____
Location? _____

3. I **HIKE** approximately _____ times per week, or _____ times per month
at a distance of _____ at each occurrence

4. I have hiked for approximately _____ months, or _____ years

5. I **WALK** approximately _____ times per week, or _____ times per month
at a distance of _____ at each occurrence

6. I would describe my overall health as: _____

7. My career is/was: _____

8. My concern(s)/consideration(s), if any, for attending this program is/are:

9. I have questions and would like to discuss this program with a representative. Please contact me at:

Phone: _____

Email: _____ (print clearly, please)

Thank you for providing the above information.

If you need additional space, please use the space below.

This program is designed for people who are active hikers and who participate in a regular hiking regimen. Due to the nature of the active outdoor program, the information you provide will assist us in ensuring a safe and pleasant experience for you and others in the program. Your answers are kept confidential and they are an important part of necessary data for the program. Please return as quickly as possible. If you have any questions at all, please contact your Program Administrator.

COMPLETE IN DETAIL, Please
DO YOU NOW, OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?
Check all that apply; be specific and thorough

If none, write "none".

NAME: _____

Title	Course of Action, Date of Occurrence, Medicated, Doctor's Clearance (date), warning signs, other description, etc. Be specific.
___ Allergies	_____
___ Asthma	_____
___ Arthritis	_____
___ Diabetes	_____
___ Dizziness	_____
___ Epilepsy	_____
___ Fear of Ledges	_____
___ Fear of Heights	_____
___ Heart Condition	_____
___ High Blood Press.	_____
___ Joint Replacement (type, date)	_____
___ Low Blood Press.	_____
___ Lung Condition(s)	_____
___ Recent Cold/Flu	_____
___ Recent Surgery (type, date)	_____
___ Stroke	_____
___ Other	_____
___ Other	_____

___ Is there anything that you feel may restrict your ability to hike on uneven or rocky terrain?

___ Is there anything that you feel could restrict your participation in all or a part of the program?

___ Are there any special medications needed with you on the hike?

Comments: _____

Program #6120: HIKING DEATH VALLEY NATIONAL PARK

I, *(please print your name)* ↘ _____ ↙

have read and understand the requirements for the ROAD SCHOLAR hiking program above, which involves hiking in various areas of Death Valley National Park. I am aware that the specific program itinerary is provided to me during an Orientation Program at the beginning of the program and may change due to weather, heat, rain, fire or other natural or unnatural causes.

I am aware that this program may include activities at altitudes ranging from 282' below sea level to approximately 3,500' and may include hiking as much as four (4) to six (6) miles or more per day, and that therefore my participation may involve risks which I am prepared to accept. After appropriate medical consultation with my personal physician, I have determined that my health is adequate to participate safely in this program.

I am aware that during the courses or activities that I may be participating in under the arrangements of ROAD SCHOLAR and Eastern California & Nevada Education Programs and their agents, associates, or assigns, certain risks and dangers may occur. These include but are not limited to the hazards of traveling in rough terrain, weather and thermal features, accident or illness in areas remote from medical facilities, the forces of nature, and travel by automobile, bus, boat, air, van or any other conveyance. I agree to purchase full insurance coverage for any personal or rental vehicle I may elect to use during the course of the program for transportation to and from the program and/or its events. In consideration of the foregoing, I have and do hereby assume all risks and all legal responsibility for injury to myself for any loss of my property resulting in participation in these courses or other activities, and do hereby hold ROAD SCHOLAR and Eastern California & Nevada Education Programs and their agents, associates or assigns harmless from any and all liability actions, causes of action, debts, claims and demands which I now have or which may arise in connection with my participation in these courses or other activities. The terms hereof shall serve as release and assumption of risk for my heirs, personal representatives, executor(s), administrators, and for all members of my family.

I affirm that my general health is good and that I am not under a doctor's care for any condition that will endanger my health or the health of other participants and program representatives, agents, associates, or assigns. In case of injury, illness, or death, I or my estate will bear the total cost of any and all evacuation procedures such as ambulance, helicopter, any other mode of transportation, rescue team and professional medical care and facilities. I understand that I must provide health and accident insurance for myself. I also agree to provide the program representative a copy of an existing Do Not Resuscitate Order, if existent.

My participation in ROAD SCHOLAR and Eastern California & Nevada Education Programs courses or attendant activities, including photographs, video, or digital recordings for future publicity in which I may appear, is entirely voluntary and with my approval.

Accordingly, as part of my decision to participate in the program, I hereby release ROAD SCHOLAR and Eastern California & Nevada Education Programs and any agents, associates, or assigns from any and all liabilities to me with respect to any injury, sickness, disease, loss or damage which is a result of my participation in the program.

↘ _____
Signature

↘ _____
Print Name

↘ _____
Date