



7020 Chew Ave, Philadelphia, PA 19119 * www.specialvacations.net * 215-844-1295

PARTICIPANT REGISTRATION FORM

Please complete for each person participating and return by mail or email.

Traveler Registration

Full Legal Name of Participant:							
Date of Birth							
Home Address							
City					State		Zip
Phone Numbers	1				2		
Billing Address (if different)							
City					State		Zip
Email Contact for Traveler, or Traveler's Support Person, or Traveler's Agency							
Emergency Contact - Name							
Phone Numbers (24-Hour Line)	1				2		

Medical History

Medical Insurance (for Emergency only)							
Policy or Group Number							
Physician Name							
Physician Phone							
List ANY Known Allergies:							
Dates of Covid-19 vaccinations							
Date of last Tetanus shot							
Is traveler able to wear a mask for prolonged periods of time?					Yes		No
History of Hepatitis?					Yes		No
Any Communicable Conditions?					Yes		No
Does Traveler take medications?					Yes		No
If yes, can Individual self-medicate?				Independent		Needs Assistance	
Traveler holds his/her own Medications in their possession while on trip					Yes		No
Can Traveler take over-the-counter Pain medication (e.g., aspirin):					Yes		No
Can Traveler take over-the-counter Antacid for stomach upset? (e.g., Tums, Pepto Bismol) Indicate if preference of type:					Yes		No
Can Traveler take over-the-counter Anti-diarrheal medication? (e.g., Immodium AD) Indicate if preference of type:					Yes		No

Dietary Needs



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Regular Diet (If Yes, skip to Daily Living Needs Section)				Yes		No	
Special Restrictions	Diabetic		Puree		Lactose Intolerant		Other

Mark and complete those dietary restrictions that apply:

<input type="checkbox"/>	Diabetic		Type I		Type II	
	Insulin Shot		Yes		No	
	Oral Medication		Yes		No	
	Completes Daily Blood-Sugar Test		Yes		No	
	Has Own Machine		Yes		No	
	Sugar Intake		Sweets in Moderation		None	

<input type="checkbox"/>	Puree	(Special Instructions):			
	All Meals must be smoothie-like or of milkshake consistency		Yes		No
	Meals must be soft and may be cut into very small bites		Yes		No
	Traveler has a thickener supplement for all thin liquids		Yes		No

<input type="checkbox"/>	Lactose Intolerant				
	Dairy Intake		Dairy in Moderation		None
	Traveler has a lactose digestive aid taken with each meal		Yes		No

Sensitive to Caffeine	Yes		No		Other:
Can Participant Consume Alcoholic Beverages?			Yes		No
Other food allergies , issues, or drink restrictions					
Other Special Dietary Instructions					

Daily Living Needs

	Full Support	Minimal Support	Needs Reminders	Independent
Handling Money				
Eating				
Toileting				
Bathing				
Dressing				
Tooth Brushing				



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Physical Needs

	Satisfactory (No Issues)	Mildly Impaired	Moderately Impaired	Severely Impaired (Total Loss)
Vision				
Hearing				
Walks Independently				
Climbing Stairs				
Traveler has Epilepsy/ Seizures	Yes	No	Type: _____	
Other Mobility Needs:				

If Traveler needs walking supports or has other mobility issues, please complete this section:

Uses Walker or Cane	Yes	No		
Uses Manual Wheelchair	Yes	No		
Uses Electric Wheelchair	Yes	No		
Can Traveler transfer into Bed, Bath or Toilet with Assistance	Yes	No		
Can Traveler transfer onto a Bus or Plane with Assistance	Yes	No		

Special Likes and Dislikes:

Personality/Behaviors:

Other Travel Concerns/Instructions:



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PARTICIPANT MEDICATION FORM

- **Please fill out this section completely and accurately for each Traveler for the identified Trip or Travel Date, and return by mail or email.** List **ALL** medications to be taken and check the boxes for each time it should be administered. In addition to prescription medication, list pain relievers, antacid, or over-the-counter medications taken regularly.
- Be sure that all medications are also clearly labeled with person’s name, medication, dosage and times. Make sure you send the correct amount of medications for the time needed and that you hand them directly to our staff.
- It is strongly recommended to arrange for vacation bubble packs for all Travelers on trips covering more than one day. This can be arranged through your pharmacy. A separate bubble package is created by the pharmacy that will cover only the days of the trip.

Full Legal Name of Participant:						
Date of Birth						
Travel Dates of Trip:						
Date of Covid-19 vaccination:						
Contact name and number of someone we can call with questions about this form		Name				
		Phone				
Traveler is able to wear a mask				Yes	No	
Traveler takes Medications (If no, skip to Signature)				Yes	No	
Traveler holds his/her own Medications				Yes	No	
List of Medications (or MAR) is provided in place of the following list				Yes	No	
MEDICATION/PURPOSE (please provide name of medication and why it is taken)		8 AM	NOON	4 PM	8 PM	Other (indicate time)

Completed by: _____



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SPECIAL VACATIONS, INC. PARTICIPANT CONSENT AND RELEASE FORM

This Consent and Release is entered into this _____ day of _____, 2024, by (Participant, parent, legal guardian, or authorized agent) of _____ (Participant; all references herein to I, me or my, or any extension thereof shall include the participant and his or her parent/legal guardian or legally authorized agent). Whereby for good and valuable consideration, I agree to the following terms and conditions and to the Release of Special Vacations, Inc, its officers, directors, employees, volunteers, advisors, agents, successors and assigns (collectively, "Special Vacations") contained herein.

CONSENT TO PARTICIPATION AND MEDICAL TREATMENT

1. I represent and agree that I have the legal capacity and authority to act on my own behalf and for and on behalf of the participant, if applicable. This Consent and Release shall be binding on me, my heirs and assigns.
2. I acknowledge that the activities included in Special Vacations programs involve certain risks, inherent in those activities, including but not limited to personal injury, sickness and/or damage to and/or loss of property. I agree and voluntarily assume such risks of personal injury, sickness (including any communicable disease) and/or death to myself, and/or damages to and/or loss of my property, caused by or arising out of my involvement in Special Vacations programs. I am, or certify that the participant is, physically and mentally capable of participating in the Special Vacations programs.
3. As a condition of my participation in the Special Vacations program, I will abide by safety rules and instructions provided in writing or verbally to me. If I fail to follow the rules or instructions, I will be removed from Special Vacations program without refund.
4. I agree that I may be transported by the Special Vacations personnel to and from its programs and for various activities and I agree to assume all risks in relation to such transportation.
5. I authorize any licensed physician, emergency medical technician, paramedics, nurses, medical or health care facility or provider ("Medical Provider") to provide medical care to me for injuries and/or conditions that occur, manifest or arise during a Special Vacations program. I further authorize such Medical Provider to perform all procedures or services deemed medically advisable to treat or relieve, or to attempt to treat or relieve, any illness, injury, and/or condition. I acknowledge that there is a possibility of complications and unforeseen consequences in any medical treatment, and I knowingly and voluntarily agree to assume such risk for and on behalf of myself and/or the participant.

RELEASE AND INDEMNIFICATION

6. Special Vacations may at times use unspecified participant travelers in media distribution and promotional use. Release is subject to use of likeness, photo, video, name, or voice in materials both publicly distributed and publicly available (such as website).
7. Special Vacations shall not be liable for damages arising from personal injuries (including death) to me or damage to or loss of property or other harm, whether foreseen or unforeseen, present or future, known or unknown, which directly or indirectly results from or arises out of my participation in a Special Vacations program (collectively the "claims"). I understand that THIS RELEASE, INCLUDES CLAIMS BASED IN WHOLE OR IN PART ON THE NEGLIGENCE, ACTION OR INACTION OF SPECIAL VACATIONS AND HEREBY RELEASE, WAIVE AND FULLY DISCHARGE SPECIAL VACATIONS FROM ALL LIABILITY FOR CLAIMS.
8. I HEREBY INDEMNIFY, DEFEND AND HOLD HARMLESS SPECIAL VACATIONS FROM AND AGAINST ALL CLAIMS, COSTS, EXPENSES (INCLUDING ATTORNEY FEES), LIABILITIES AND DAMAGES, THAT I OR MY HEIRS AND ASSIGNS MAY HAVE OR ASSERT, EVEN IF CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, FAULT, BREACH OF CONTRACT, OR OTHER ACT OF SPECIAL VACATIONS OR, AS A RESULT OF, RELATED TO OR ARISING OUT OF (1) ANY INSUFFICIENCY OF MY LEGAL CAPACITY OR AUTHORITY TO ACT FOR MYSELF OR THE PARTICIPANT IN THE EXECUTION OF THIS CONSENT AND RELEASE, (2) ANY TREATMENT OR FAILURE TO TREAT ME OR THE PARTICIPANT BY ANY MEDICAL PROVIDER, AND/OR (3) THE DISCLOSURE OF ANY MEDICAL INFORMATION OR RECORDS FOR USE IN THE MEDICAL TREATMENT OF MYSELF OR THE PARTICIPANT.



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9. This Release is governed by the laws of the Commonwealth of Pennsylvania and is intended to be as broad and inclusive as permitted by law, and if any portion thereof is held invalid, the balance shall continue in full legal force and effect.
10. This Release is not intended to release the Released Parties from any conditions or activity that, as a matter of law, cannot be avoided, waived or released and no provision of this Release should be interpreted as such.

STAFFING AND SUPPORT SERVICE

11. Participants who bring support staff: Special Vacations does not provide support and safety supervision, with the exception of transfers for non-mobile Participants, at any time during the tour, trip, or activity, for Participants accompanied by their own support staff, including family members traveling as support staff for the Participant. Support staff (or family members) accompanying the Participant and performing support duties are expected to provide all necessary support for the Participant at all times over the duration of the tour.
12. What is being provided as part of a group: Special Vacations provides support and safety supervision, including transfers for non-mobile Participants, at all times during the tour, trip, or activity. Support supervision is provided in group settings as arranged at time of registration.

I HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AND RELEASE AND ACCEPT AND AGREE TO ITS TERMS VOLUNTARILY.

SIGNATURE OF PARTICIPANT OR LEGAL GUARDIAN

Date

PRINTED NAME OF PARTICIPANT OR LEGAL GUARDIAN