

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.

US Programs Health & Safety Form

Program # and Date _____

Name *(legal name)* _____

Nickname *(for name tag)* _____

Home Address _____

Home phone _____

Cell phone *(or alternate phone)* _____

Age _____ Birthday *(mm/dd/yyyy)* / / _____⁹ Female _____ Male _____⁹ Nonsmoker _____⁹ 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? ⁹ No ⁹ 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? ⁹ No ⁹ Yes

If "Yes," please specify:

Do you use or transport any of the following items? ⁹ Cane ⁹ Walker ⁹ Wheelchair ⁹ Scooter ⁹ Oxygen ⁹ 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? ⁹ No ⁹ Yes

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

Do you have any restrictive food allergy(s)? No Yes * *Please note: Participants, not Exploritas or Program Providers, are solely responsible for making sure they do not consume foods to which they are allergic.*
If "Yes," please specify:

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 (*Exploritas reserves the right to contact your physician*) Phone (*24-hour emergency # if available*)

Medical & Physical Needs

Exploritas is committed to providing reasonable accommodation to enable individuals with special medical and physical needs to participate in our programs. However, Exploritas cannot ensure your comfortable participation if you have not shared your individual needs with us in advance. Exploritas catalogs and our website request that you share your individual needs with Exploritas at the time of your registration. **if you have not already done so, you must do so now by calling Exploritas'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, Exploritas 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 Exploritas 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 Exploritas 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 Exploritas, Inc. Exploritas may revoke admission or limit or terminate participation at any time if, in the opinion of Exploritas, a participant's condition, behavior or actions are problematic, inappropriate or disruptive. Exploritas reserves the right to take action as needed on an individual or group basis when, in Exploritas'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 Exploritas 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 Exploritas 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 Exploritas 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 Exploritas 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:

Judi Hussain
Evergreen Conference Center Oakhurst
43803 Highway 41
Oakhurst, CA 93644