

C E L S

Center for Extended Learning for Seniors

A Program Provider for Road Scholar/Elderhostel for over 20 years.

Participant Information Form

LAST: _____ FIRST: _____ Preferred on Nametag: _____

PROGRAM# _____ & TITLE _____

PROGRAM DATE _____ & SITE _____

INFORMATION FORM - Please read carefully and *complete each page. (4 total)* **Important:** Please *return* these forms to: **CELS, 38994 Desert Greens Drive East, Palm Desert, CA 92260** only **after** you have **received an enrollment confirmation from Road Scholar/Elderhostel in Boston.** (Returning these forms does not enroll you in our program!)

Please check and/or initial the following where needed:

- _____ 1. Double Occupancy - Choice of: 2 beds _____ or, 1 king-sized bed _____ (if available)
- a. Roommate's Name: _____
- _____ b. **I do not have a roommate:** I understand that I will be assigned a roommate (2 beds only).
(this option is **not** applicable to programs held at the **Ingleside Inn** as their rooms have only one bed)
- _____ 2. Single Occupancy - (**I do not want a roommate**) I understand that the price is higher for this option.
- _____ 3. If possible, I would like to be near _____
- _____ 4. I **cannot** climb stairs or can only walk short distances *due to physical disability*, request 1st floor or near elevator.
- _____ 5. I understand that **special dietary needs**, other than vegetarian, **cannot be accommodated.**
(initial) **I am Vegetarian** _____ **I will eat: Fish?** _____ **Chicken?** _____ **Pork?** _____
- _____ 6. If my picture is taken during the program, you (CELS) may use it.
(initial) _____
- _____ 7. Please add me to the **CELS** mailing/email list. **Email address:** _____
(We will occasionally notify you of upcoming programs. We won't give your address to third parties)
- _____ 8. Please send me extra flyers to share with my friends and at my clubs.
- _____ 9. How did you hear about us? (circle one) CELS Flyer? CELS Email? CELS Web? CELS Follies Insert?, Friend? Road Scholar Brochure? Road Scholar Email? Road Scholar Web? Road Scholar Big Catalog? Other? _____

C E L S - Center for Extended Learning for Seniors
38994 Desert Greens Drive East, Palm Desert, CA 92260
Phone: (760) 776-8874 * Fax: (760) 776-8875 * Email: eldercels@earthlink.net

Release and Assumption of Risk

PLEASE READ THE FOLLOWING CAREFULLY. EACH PARTICIPANT MUST SIGN, DATE AND RETURN THIS FORM TO **C E L S** (CENTER FOR EXTENDED LEARNING FOR SENIORS) ALONG WITH THE ENCLOSED PARTICIPANT INFORMATION FORM & THE HEALTH & SAFETY FORM. COMPLETION OF ALL FORMS IS MANDATORY PRIOR TO PARTICIPATING IN THE PROGRAM.

I am fully aware and acknowledge that program activities have inherent risks, dangers and hazards and such can exist at any time during this program and any of the program's activities. I am aware that this program **MAY** include activities at altitudes ranging from 250'-9,000'; **MAY** include walking up to 1 mile a day over uneven terrain; and/or ascending and/or descending up to 30 stairs at one time. After appropriate medical consultation with my personal physician and after thoroughly reviewing the program description, I affirm that my health is adequate to participate safely in this program. I also understand that given the number of persons involved and variations in participants' physical abilities and medical needs, neither **CELS** (Center for Extended Learning for Seniors) nor Road Scholar/Elderhostel can or will assume responsibility for determining whether any individual can safely participate in a particular program.

I affirm that I understand and accept the risks and consequences of risks of participation in this Road Scholar/Elderhostel program conducted by **C E L S** (Center for Extended Learning for Seniors).

LIABILITY RELEASE FOR CELS and Road Scholar/Elderhostel

I, _____, have read (the above) and understand the requirements for the

CELS-Road Scholar/Elderhostel program. (Please print your First and Last name on line above)

Accordingly, as part of my decision to enroll, I hereby release **CELS** (Center for Extended Learning for Seniors) and Road Scholar/Elderhostel, 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 this program.

*This release does not apply to liabilities arising from gross negligence or wanton or reckless conduct by anyone, including **CELS** and/or Road Scholar/Elderhostel or their representatives. Apart from the exception, this release applies to any and all liabilities to me or my estate of any description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind.*

*In the event that some other person or entity seeks compensation for these released liabilities, I or my estate will indemnify and hold harmless **CELS** (Center for Extended Learning for Seniors) and Road Scholar/Elderhostel, for all sums reasonably incurred in response to that claim.*

(Participant(s) Signature)

(Date)

(Program #)

(Program Date)

(Program Site)

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ROAD SCHOLAR

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) / / 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):

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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:

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