

US & Canada Programs Health & Safety Form

Please read carefully and complete **both sides**. If you need additional space, please attach another page.

Program Number & Date # _____ - _____

Elderhostel Student ID # _____

(Your Student ID can be found on your Enrollment Confirmation notice)

Name _____

Last, First – exactly as it appears on your passport

Preferred First Name _____

(For Name Tag)

Home Address _____

Street and/or Box Number

City

State

Zip code

Home Tel. (____) _____ - _____ Alternate Telephone or E-mail _____

Female Male Age _____ Birthday _____ Non-Smoker Smoker

Month Day Year

Traveling Companion Name _____ Companion's Student ID # _____

PASSPORT INFORMATION (Required for programs that travel outside the United States)

Number _____ Date Issued _____ Expiration Date _____

Country of Issue _____ Place of Birth _____

City

State

Country

We recommend that all participants carefully consider the demands of this program as described in Elderhostel materials and consult with their physician about participating well before departure.

Special Needs: Elderhostel is committed to accommodating all individuals who want to participate in our programs. We cannot, however, assure your comfortable participation if you do not share with us your individual needs. If you have limited mobility or are otherwise physically challenged, you must describe your condition or circumstances to Elderhostel in advance, so that we can make adequate accommodation or arrangements for you. If you do not advise us in advance of your requirements and you arrive at a program in which the facilities or transportation vehicles are unable to accommodate you, we may have to send you home. So, please be honest in assessing your own abilities and in sharing that information with us in order that we may best serve you.

General Information: Most Elderhostel programs involve walking over variable surfaces and terrain, climbing steps and stairs, getting on and off transportation conveyances, and occasionally carrying your own baggage. Weather conditions are often unpredictable. The physical characteristics of buildings (classrooms, sleeping accommodations, bathroom facilities, dining halls, etc.) and walking distances differ from site to site. Meals commonly consist of local foods prepared according to local tastes. **Special dietary requests CANNOT be guaranteed.**

Elderhostel urges participants who will be taking long flights to consult their physician for advice on how to avoid DVT (Deep Vein Thrombosis). DVT is a rare condition caused by the formation of a blood clot in one of the body's deep veins, usually in the legs, that can move throughout the body. Immobility during long flights is believed to increase the risk of developing DVT.

Emergencies: As noted in the *Welcome to United States & Canada Programs* pamphlet included with your enrollment notice, Emergency Evacuation Insurance is included in the cost of your Elderhostel program. It is essential that you advise our staff of any problem if/when it first arises. Should you become ill or be injured during the program, program staff will make every reasonable effort to find local medical help. Should you become seriously ill or be severely injured and unable to participate in the program, arrangements will be made to return you home as quickly and safely as circumstances allow. Please provide all information that would be important to know in an emergency or that could affect your participation in the program. A copy of this form will be given to the Group Leader. For the sake of your health and safety and that of your fellow Elderhostelers, accurate responses and complete disclosure are necessary. **Thank you!**

The granting or denial of admission to a program is within the sole discretion of Elderhostel Inc. Elderhostel may revoke admission or terminate participation at any time if, in the opinion of Elderhostel, a participant's condition, behavior or actions are problematic, inappropriate or disruptive.

PLEASE CONTINUE & COMPLETE THE FORM ON THE REVERSE

Elderhostel Program Health & Safety Form – Page Two of Two

Blood Type _____ Do you have any **RESTRICTIVE FOOD ALLERGY(s)**? No Yes If "Yes," please specify:
(If known) (Participants, **not** Elderhostel or Program Providers, are responsible for making sure they do not
consume foods to which they are allergic)

Do you have **MEDICAL CONDITION(s)** such as allergies, injuries, depression, 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 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 on a regular basis: Cane Walker Wheelchair Scooter Oxygen
If "Yes," please specify which one(s) and why, and if you will bring to the program:

Do you require prescription medication(s) on a regular basis? No Yes If "Yes," please list and indicate reason(s) for taking:

Primary Care Physician _____ Tel. Number (_____) _____ - _____
Elderhostel reserves the right to contact your physician *24-hour emergency # if available*

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)

Next-of-kin / person to notify in event of an emergency (someone other than your traveling companion):

Name _____ Relationship _____

Address _____

Home Tel. (_____) - _____ - _____ Alternate Telephone or e-mail _____

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

For your well-being and that of your fellow Elderhostelers, an accurate and complete Health and Safety form is **REQUIRED** for your participation and **MUST** be completed, signed, and returned to the Program Provider as noted below no less than **two weeks** prior to the program start date. **Failure to do so will jeopardize your ability to participate in the program.**

Signed _____ Date _____
Return this form to:

Travel Information

Name(s) _____

Address _____

City, State, Zip Code _____

Arrivals and Departures: **Program Dates** _____

_____ I will be arriving by car.

_____ I will be arriving by bus.

_____ I will be arriving by train:

_____ I will be arriving by airplane.

_____ I will be arriving by other _____

(Means of travel, ETAA, flight #, etc.)

_____ I will need shuttle service when I arrive on Sunday. Please pick me up at the Worland Airport on _____, flight # _____ at _____ ()am ()pm.

Please Note: There will be a \$30 round trip fee for transportation.

_____ I will need shuttle service to Worland on _____ and will need to be at the airport by _____ ()am ()pm.

Please return this form as soon as possible.



46261

Elderhostel

11 Avenue de Lafayette - Boston, MA 02111-1746

Program Evaluation

We hope you enjoyed your recent Elderhostel program. As part of our continuing efforts to maintain program quality, we invite you to evaluate your program experience. Please take a minute to answer the questions in this survey for the program listed below. Although you may have completed a questionnaire at the program site, this questionnaire is for Elderhostel's records. You will receive another survey like this one for other programs that you attend. All responses are confidential.

Program Date

This survey should be completed by:

Program Name

Program Number

1. Considering everything, how satisfied were you with your program?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

Shade circles like this:

Not like this:

2. Please tell us how satisfied you were with each of the following elements of your Elderhostel program.

	Very Satisfied	Somewhat Satisfied	Neither	Somewhat Dis-satisfied	Very Dis-satisfied	Does Not Apply
Before You Left . . .						
Ease of registering for this program.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Answers to any questions about the program.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comprehensiveness of materials received prior to departure.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During The Program . . .						
Quality of the educational content.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge level of the instructional staff.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpfulness of the program and other staff.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort and cleanliness of the accommodations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of the meals included in the program.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consistent program quality across each day.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Now That You're Back . . .						
Overall value for your money.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. (INTERNATIONAL PROGRAMS ONLY) If you went on an international program, travel services for flights to the starting location and from the departure city may have been provided by a travel provider designated by Elderhostel. Please tell us how satisfied you were with the travel services provided for these flights.

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Did not use Elderhostel's provider

4. Elderhostel programs combine lectures, activities and free time into an overall learning experience. In the amount of time you had on this program, would you have preferred any of the changes listed below?

- No changes
- More lectures, less free time
- More lectures, fewer activities
- More activities, less free time
- More free time, fewer lectures
- More activities, fewer lectures
- More free time, fewer activities

5. Please use this space to tell us about aspects of your program that you particularly liked, or believe could be improved.

PLEASE COMPLETE ALL QUESTIONS ON THE REVERSE SIDE ALSO.



The Big Horn Basin Foundation

P.O. Box 71
Thermopolis, WY 82443
307.864.2997 ext 223
Fax: 307.864.5762

Elderhostel Program Waiver-Release Form

The undersigned agrees to indemnify and hold the Big Horn Basin Foundation, and the Wyoming Dinosaur Center (a division of Big Horn Prospecting, INC.), harmless against any loss, including reasonable attorney fees, from any and every claim or demand of every kind and character, including claims for contribution, which may be asserted by the undersigned by reason of occurrences thereof arising from my participation in the Elderhostel Program. I specifically assume all risk of liability described herein and states that I am fully aware of the varying conditions and dangers of participation in the Elderhostel Program.

I understand and agree to the terms outlined above, and by signing below I accept these terms.

Print Name: _____

Signature: _____

Address: _____

City, State, Zip, Country: _____

Date: _____



The Wyoming Dinosaur Center
And the **Big Horn Basin Foundation**
110 Carter Ranch Rd.
Thermopolis, WY 82443
307.864.2997



Elderhostel Image Release Form

I hereby give permission to Big Horn Basin Foundation and the Wyoming Dinosaur Center (a division of Big Horn Prospecting, INC.) to use photographic, video, or digital images in which I appear in publications used for the purposes of education, information, promotion, public relations, and fund-raising. I understand that I will receive no payment for the use of images in which I appear.

Print Name: _____

Signature: _____

Address: _____

City, State, Zip, Country: _____

Date: _____