



ADVENTURE WITHOUT LIMITS

Trip Registration Packet

Welcome! We're so excited for your upcoming adventure. To ensure a smooth and safe experience, please complete the forms in this packet. All sections are required unless otherwise noted.

Please return your completed packet by the due date listed in your confirmation email. You can email the completed forms to:

adventurewithoutlimits_travel@gmail.org

Or upload via: www.adventurewithoutlimits.org

REGISTRATION PACKET CHECKLIST

☐ **Trip Consent Form**

Confirms your participation in a specific trip and provides your basic information.

☐ **Emergency Medical Release & Authorization Form**

Gives permission for emergency medical treatment and provides emergency contacts.

☐ **Policies Acknowledgment & Signature Page**

Indicates that you have read and agree to our policies, **including:**

- Medication Policy
- Payment, Cancellation, and Refund Policy
- Guidelines & Expectations
- Photo & Media Release
- Release of Liability



INSTRUCTIONS

- Please complete and sign all required fields.
- You may fill out this packet electronically (fillable PDF) or by hand.
- Be sure to save a copy of your completed packet for your records.

If you have any questions or need assistance, don't hesitate to reach out—we're here to help!

Phone: 508-857-7907

Website: www.adventurewithoutlimits.org



Adventure Without Limits, LLC. / 433 Sweden Rd / Bridgton, ME 04009

Trip Consent

Traveler Name:

Name and Dates of Trip:

Emergency Medical Care: I hereby give my permission for the non-medical travel staff selected by **Adventure Without Limits, LLC** to provide routine health care, administer prescribed and standing order medications, and seek emergency medical treatment, including x-rays, if needed for the traveler named above. I understand that in the event of an urgent or emergency medical situation, **Adventure Without Limits, LLC** will make all reasonable efforts to contact the traveler's legal representative. However, in the case of an urgent or emergency condition, appropriate medical care should never be withheld or delayed because of problems with obtaining consent from the legal representative, including hospitalization, injections, anesthesia, or surgery. In the case where the legal representative is not available in a reasonable time under the circumstances, I hereby give my consent to **Adventure Without Limits, LLC** to obtain all emergency medical care prescribed by a duly licensed physician, health care provider or dentist. This care may be given under whatever conditions are necessary to preserve the traveler's life, limb or well being. I give permission to obtain copies of treatment and health records from any provider and I agree to the release of any information and records necessary for treatment. **Adventure Without Limits, LLC** cannot assume responsibility for any medical expenses that may occur if medical care must be sought.

Legal Guardian/Representative's Signature / Date

Financial Release: (check one)

☐ I authorize **Adventure Without Limits, LLC** to handle any or all of the personal funds of the traveler mentioned above while on the vacation. In which case funds will be handed over at check-in, and provided to the traveler as needed during the trip, or as requested. Funds will be returned with receipts at the end of the vacation.

☐ I authorize that the traveler mentioned above will handle all of his/her own personal funds while on the trip. In which case funds will be handed over at check-in so that **Adventure**



Without Limits, LLC staff can confirm and record the amount brought with the traveler, then given back to the traveler after he/she signs a receipt confirming the balance of funds. I agree that Hammer Travel will not be held responsible for any lost monies, overspending, or any other financial issue that may occur while on the vacation, and that the funds are the responsibility of the traveler at all times.

Legal Guardian/Representative's Signature / Date

Acknowledgment of Proper Travel Identification: Beginning May 7th, 2025, federal regulations will require travelers to have a REAL ID, a state issued Enhanced ID (where available), or Valid US Passport for domestic air travel, and a Valid Passport for all international travel and cruises. If a traveler shows up for a trip without the required ID, he/she will be turned away at trip check-in and cancellation policies will be applied.

Legal Guardian/Representative's Signature/ Date



Emergency Medical Release & Authorization Form

Purpose: This form grants permission for emergency medical care and the sharing of relevant information with medical personnel during any trip with Adventure Without Limits.

Consent to Seek Emergency Medical Treatment I authorize Adventure Without Limits staff to seek emergency medical care on behalf of the traveler listed below in the event of an illness, injury, or other medical emergency that occurs while participating in a trip. This may include emergency transportation, evaluation, and treatment by licensed healthcare providers.

Permission to Provide Basic First Aid/CPR I give permission for Adventure Without Limits staff, who are certified in First Aid and CPR, to provide basic emergency assistance to the traveler if needed, until professional medical help is available. I understand that this care is limited to standard First Aid/CPR and does not replace professional medical treatment.

Authorization to Share Medical Information I give permission for Adventure Without Limits staff to disclose relevant medical and personal information to emergency responders, hospital staff, and other healthcare professionals to ensure appropriate and timely care. I understand that Adventure Without Limits staff are not licensed medical providers and are not responsible for making clinical decisions.

Responsibility for Medical Costs I understand that any medical care, ambulance transport, prescriptions, or other services provided are not the responsibility of Adventure Without Limits. I agree to assume full responsibility for any and all related expenses.

Advance Directive Acknowledgment Adventure Without Limits asks whether travelers have an Advance Directive, Living Will, or Healthcare Proxy. If one exists, a copy should be provided before the trip.

Early Departure Responsibility (Medical-Related) If a traveler must end their trip early and return home due to a medical issue, I agree that the traveler or their responsible party will be responsible for all associated costs, including but not limited to return travel, accommodations, and support staff.



Name of Traveler: _____

Date of Birth: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship: _____

Health Insurance Provider: _____

Policy Number: _____

Known Allergies or Conditions: _____

Medications: _____

Emergency Contact Information

Please provide the primary person we should contact in case of an emergency:

- Primary Emergency Contact Name: _____
- Relationship to Participant: _____
- Phone Number (mobile preferred): _____
- Alternate Phone Number: _____

Optional Secondary Contact:

- Secondary Emergency Contact Name: _____
- Relationship to Participant: _____
- Phone Number: _____



Duration of Consent This permission remains in effect unless revoked in writing by the traveler or their legal guardian.

Authorization Signature By signing below, I affirm that I have read and understand this Emergency Medical Release & Authorization Form, and that I agree to the terms described above.

Signature of Traveler or Legal Guardian: _____

Date: _____

Emergency Medical Release & Authorization Release Revocation (If Applicable) To revoke this release, please complete the section below and submit it in writing to Adventure Without Limits.

I hereby revoke the Emergency Medical Release & Authorization Release previously granted.

Signature of Traveler or Legal Guardian: _____

Date: _____



Medication Policy

Purpose:

Adventure Without Limits is committed to providing a safe and supportive environment for all travelers. To ensure consistency and safety in medication handling, this policy outlines the responsibilities of travelers, guardians, and Adventure Without Limits staff during trips. It is essential that all parties understand and follow this policy.

Traveler and Guardian Responsibilities:

- All medications must be **pre-packaged and labeled** prior to trip departure by the traveler's guardian, program, or licensed pharmacist.
 - A **master list** of all medications must be included with the traveler at time of trip departure. This must include:
 - Medication name
 - Dosage
 - Time(s) administered
 - Reason for medication
 - Special instructions (e.g., refrigeration, "take with food")
 - **One extra day** of medication is required in case of unexpected travel delays.
 - Medications must be turned in to staff in a clearly labeled manila envelope or small bag. Do **not** pack medications in the traveler's suitcase.
 - Discuss any medical needs in advance, such as:
 - Blood glucose testing
 - Refrigerated medications
 - Inhalers or emergency meds
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Packaging Requirements: All medications must be **pre-packaged and ready to administer**. Adventure Without Limits staff are not Certified Residential Medication Aides (CRMAs) and therefore:

- Will **not administer medications from blister packs**.
- Will **not count pills from prescription bottles**.
- Will only assist with medications that are **pre-dosed and packaged individually by day and time**.



Travelers may choose one of the following acceptable options:

1. **Pre-filled pill organizers** (for travelers who are not self-administering).
2. **Medications packaged in sealed travel bags**, clearly marked by day/time and labeled with the traveler's name, medication, and dosage.
3. **Travelers who self-administer** may use personal pill organizers if they are able to take medications independently and as prescribed.

Liquids, creams, drops, or inhalants must be in original containers with written instructions.

Travelers arriving with improperly packed medications may not be allowed to participate in the trip and will be turned away. In such cases, a refund will not be issued.

Adventure Without Limits Staff Role:

- Staff will **not administer injectable medications** (e.g., insulin). If such support is required and the traveler is not able to self-administer, a licensed RN must be contracted prior to the trip at the traveler's expense.
- Staff will store medications in a **secure location**, including refrigeration if required.
- Staff will document any missed doses, errors, or PRN usage and report to guardian or emergency contact.
- If a traveler refuses to take a medication as prescribed, staff will provide verbal prompts but **will not force** the traveler to take the medication. Any missed dose will be documented, and the guardian or emergency contact will be notified for further instruction.

Self-Administration:

- Travelers who independently self-administer medications must provide written verification from their guardian or healthcare provider.
 - Staff will ensure medication is securely stored but will not supervise or prompt self-administered medications.
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Emergency Medications:

- All emergency medications (e.g., EpiPens, rescue inhalers) must be noted clearly and accessible.
 - Guardians must ensure travelers are supplied with sufficient emergency doses.
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Guidelines & Expectations

Everything you need to know before your adventure begins.

Identification Requirements

- REAL ID or driver's license is required for U.S. flights starting May 7, 2025
 - Passport book required for international travel (passport card not accepted)
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General Trip Info

- Minimum staff-to-traveler ratio is 1:3 (this may vary depending on group needs)
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Registration and Disclosure

- All participants must complete the full registration packet
 - It is the responsibility of the participant/guardian to disclose all relevant **medical**, **behavioral**, and **support needs**
 - Adventure Without Limits is **not responsible** for issues that arise due to incomplete disclosure
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Health & Support Information

- Our staff provides **verbal prompts and guidance**—we do not provide hands-on care
 - All medications must follow our **pre-packaged medication policy**
 - Participants must be able to match the **physical pace and stamina** required for the trip
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Behavior and Conduct

- Unsafe, disruptive, or non-compliant behavior may result in dismissal from the trip
 - All associated costs for early dismissal or return transportation are the responsibility of the participant/guardian
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Accessibility Notice

- Our current transportation is **not wheelchair accessible**
 - If you require accommodations, please contact us in advance to discuss possible alternatives
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Payment, Cancellation & Refund Policy

Payment Details

- A **\$500 deposit** is required for trips with a total cost over \$500
- **Full payment is due 45 days before the trip** (or 120 days prior for cruises). *Unless otherwise noted in trip details.
- Payment plans may be available upon request
- **A 4% processing fee will be added to all card payments. To avoid this fee, check payments are accepted.**

Cancellation Policy *Unless otherwise noted in trip details.

Notice Given Before Trip

Refund Amount

180+ days	Full refund minus non-refundable items and \$50 fee
90–179 days	Full refund minus non-refundable items and \$75 fee
60–89 days	50% refund minus non-refundable items and \$150 fee
Less than 30 days or No-Show	No refund

If we are able to fill your spot with another traveler, a refund may be issued minus actual fees incurred and a \$50 processing fee.

Trip Cancellation by Adventure Without Limits



- Trips may be canceled due to **low enrollment or unforeseen circumstances**
- In these cases, travelers will receive a **full refund or travel credit**

Travel Insurance

We strongly recommend purchasing travel insurance. One option is Travelex Insurance:

 www.travelexinsurance.com



Photo & Media Release Form

Purpose: This form authorizes (or declines) the use of photographs, videos, and other media that may include the traveler during trips with Adventure Without Limits.

Media Permission I hereby grant permission to **Adventure Without Limits** to use photographs, audio recordings, video recordings, or other media of the traveler named below, taken during trips or activities, for the purpose of public relations, marketing, promotional materials, fundraising, and informational content.

This may include use on websites, brochures, flyers, newsletters, social media, or other digital and print media created by or for Adventure Without Limits.

Names of travelers **will not be published** or disclosed without prior written consent.



**PARTICIPANT RELEASE OF LIABILITY
ASSUMPTION OF RISK AGREEMENT**
*****READ BEFORE SIGNING*****

Organization Name: **Adventure Without Limits, LLC**

Participant Name:

In consideration of being allowed to participate in any way in the program, related events, travel activities, day trips and overnight trips in which participants traveling with **Adventure Without Limits** either share their room with another participant or occasionally will be in a room by themselves, transportation, all activities, and use of equipment and facilities, for the full time of participation with **Adventure Without Limits**, the undersigned, acknowledge, appreciate, and agree that:

1. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, and assume full responsibility for my participation in all activities including but not limited to travel transportation on public modes of transportation (bus, subway, transit) and private commercial modes of transportation (airline, cruise ship, shuttle, trains, taxis).
2. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
3. I, _____ for myself or
_____ legal guardian and on behalf of
_____ (name of participant)'s and my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Adventure Without Limits**, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct events (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, to the fullest extent permitted by law.

Health Statement

Updated: 4.17.25



I will notify Adventure Without Limits ownership or employees if I suffer from any medical or health condition that may cause injury to myself, others, or may require emergency care during my participation.

Policies Acknowledgment & Signature Page

Please read the following policies and confirm your acknowledgment by checking each box and signing at the bottom.

Acknowledgment Checklist

- ☐ I have read and agree to the **Medication Policy** as outlined in the registration materials. I understand that medications must be pre-packaged and that staff will not administer medications outside of this policy.
 - ☐ I understand and accept the **Payment, Cancellation, and Refund Policy**, including all applicable deadlines, refund conditions, and fees associated with cancellations or changes.
 - ☐ I have reviewed and agree to follow the **Guidelines & Expectations** for all Adventure Without Limits trips. I understand that unsafe or disruptive behavior may result in dismissal at my own expense.
 - ☐ I have read and agree to the terms and conditions outlined in the **Release of Liability**. I acknowledge that participation in Adventure Without Limits trips involves inherent risks, and I release the organization and its staff from liability as described in the form.
 - ☐ **Photo & Media Release** – Please check one:
 - ☐ I **consent** to the use of photos or videos of me/my child for promotional and marketing purposes, including social media, websites, and printed materials.
 - ☐ I **do not consent** to the use of photos or videos of me/my child.
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Signature



By signing below, I confirm that I have read, understood, and agree to all policies listed above as part of the Adventure Without Limits registration process.

Participant Name: _____

Signature: _____
(If participant is under 18 or under guardianship, parent/guardian must sign)

Date: _____

Name of Parent/Guardian (if applicable): _____

Signature of Parent/Guardian: _____