

Sundial Special Vacations Traveler Profile

1 TRAVELER PROFILE

Name exactly as it appears on government issued ID*

Preferred Name

Date of Birth **

Month

Day

Year

Date of Birth **

 Male Female

Traveler Email*

Phone*

If traveler has no email please list care giver's email.

Mailing Address (Where you would like your package to be mailed to.)

Country/Region*

Address*

Address - line 2

City*

Zip / Postal code*

Phone*

24 HR Emergency Contact Person*

This person listed MUST be able to immediately assist with important information

24 HR Emergency Contact Person Phone #*

Care Provider/Agency Name*

Care Provider/Agency Mailing Address

Country/Region*

Address*

Address - line 2

City*

Zip / Postal code*

Care Provider Email*

Physicians Name*

Physician Phone #*

Can Vacationer Travel Alone by Air?*

Yes

No

Please explain specific needs if vacationer is unable to travel alone by air.*

Please tell us all about yourself (eg. I smoke, I like to swim, I tire easily)*

Please include anything that our Tour Guides should know.

2 MEDICAL INFORMATION & ADVISORIES

Does Vacationer have any of the following medical conditions?*

- Diabetes Heart Condition Respiratory Condition Seizures None

If yes, please call our office.

If you selected Diabetes or Seizures, please explain in detail regarding how the conditions are managed.

Please include type, frequency, last seizure date, and instructions if Seizures was selected. Please include type of Diabetes and how it is managed. Please note that travelers that require medication to be injected must bring their own sharps container.

List any instructions*

Please advise anything that our Guides should know

Please advise of Allergies and Dietary Restrictions*

Can Vacationer Handle Their Own Medication?*

- Yes Yes, with reminder No

We recommend using a pre filled pill planner and to bring an extra day's worth of medication in case of complete flight cancellation.

Please provide an updated medication list two weeks before your trip to Sundial Special Vacations.

Please select all that apply*

- Uses walker Uses cane Uses wheel chair Use sign language Oxygen
 Diabetic None

Explain in the field below if any options were selected.

Please explain specific needs here.*

Please explain needs regarding the above selections.

3 WAIVERS & RELEASE

Does Vacationer have any of the following medical conditions?*

- I do not need wheel chair assistance I will reach out to Sundial to arrange assistance

Liability Release

I understand that Sundial Special Vacations (SSV) Tours are planned with the utmost thought, work, and prudence and with the safety of the participants in mind. SSV reserves the right to return anyone who becomes unmanageable at the cost of the client. SSV may also change any portion of the tour at any time if it is in the best interest of the participants to do so. Our tour leaders & escorts are experienced travel guides and are prepared to lead a safe and enjoyable tour. As in any travel experience, risk to the body or property may be present. Some tours may take place in an area without immediate medical assistance, or outside the United States of America. Participants, or their guardians/agents, applying for these tours do so at their own risk. SSV is not liable for lost or stolen items.

Legal Signature of Participant or Guardian

Medical Release

In case of any emergency, accident or illness; I hereby give my permission to be treated by professional medical personnel and to be admitted to a hospital if necessary. I agree to be responsible for all medical expenses incurred on my behalf.

Legal Signature of Participant or Guardian

Media Release

Sundial Special Vacations will sometimes use photos from past trips in marketing materials, on our website, and other internal communications. We do not provide compensation to any individual shown in above mentioned images. If you do not wish to appear in future materials please indicate below.

*Media Release**

- I agree to be in SSV media Please do not include my likeness in SSV media

COVID-19 Travel Waiver

As the worldwide COVID-19 corona-virus pandemic remains ongoing at this time, I acknowledge that for this reason, and other reasons not reasonably foreseeable at this time, these travel plans may be interrupted or cancelled by the supplier that is providing them, a government entity or other third party over which Sundial Special Vacations Inc., has no control. I further acknowledge that the supplier's own cancellation, re-booking and refund policies, subject to any applicable law that is now or may later be in effect, will govern my rights and remedies, including my right to receive a refund, in such an event. Moreover, I understand that should I elect to purchase travel insurance, the terms of the policy will dictate whether, and to what extent, coverage for any financial loss may exist under the circumstances. By signing below, I hereby agree to hold Sundial Special Vacations Inc. harmless and release the agency from any and all liability for any damages, including but not limited to monetary losses, I may incur as a result of such interruption or cancellation of these travel plans. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 while traveling. Such exposure or infection may result in personal injury, illness, permanent disability, and possible death. I also acknowledge that not all travelers on the tour have been vaccinated or people at venues, transportation, or hotels. I voluntarily agree to assume all foregoing risks and accept sole responsibility for any injury to myself (Including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with Sundial Special Vacations Inc.

As travel opens around the world, all destinations, airports, air carriers, hotels, restaurants, transfer companies, car rental companies, shops and excursions have established COVID-19 safety measures and precautions which may change from day to day. These safety measures may include, but not limited to curfews, attraction closings and reduced hours, size of group gatherings, social distancing requirements, health screenings, self quarantine requirements and COVID test results. By signing this agreement, I accept ultimate responsibility for myself and my traveling party to have all the necessary provisions for travel (such as COVID test results, pre travel questionnaires, etc.) In addition, should quarantine be required for client, all expenses for return travel, hotel and other related cost will be client's responsibility. Moreover, I understand that I should assume responsibility for the necessary documents (such as COVID test results, pre-travel questionnaires, etc.) considering COVID-19, to travel to my specific destination. ALL NON-VACCINATED GUESTS MUST PRESENT A NEGATIVE COVID TEST WITHIN 72 HOURS OF BOARDING AND POSSESS A RAPID COVID TEST FOR RETURN FLIGHT.

I have read and agree to the above COVID-19 Travel Waiver.

Legal Signature of Participant or Guardian.