



F.R.I.E.N.D.S. of Broomfield **Social and Travel Program** **Registration Form**

General Information

Traveler's Legal Name: First: _____ Middle: _____ Last: _____

Birth Date: _____

Sex: M / F Height: _____ Weight: _____

Address: _____ City: _____ State: _____ Zip Code: _____

State ID Number: _____ Date of Expiration: _____ State of Issuance: _____

Passport information (if applicable)

Name on Passport: _____ Passport Number: _____

Date Issued: _____ Expiration Date: _____ Country of Issuance: _____

Contact Information

Contact #1 Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ May we send you updates about events? Yes / No

Emergency Information:

Medical Insurance Name: _____

Medical Insurance #: _____

Contact #2 Name: _____ Relationship: _____

Phone #1: _____ Phone Number #2: _____

Email: _____ May we send you updates about events? Yes / No

Emergency Contact Name #1 Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____



F.R.I.E.N.D.S. of Broomfield
Social and Travel Program
Registration Form

Email: _____ May we send you updates about events? Yes / No

Emergency Contact #2 Name: _____ Relationship: _____

Phone #1: _____ Phone Number #2: _____

Email: _____ May we send you updates about events? Yes / No

Residential Information

Agency Name: _____

Agency Address: _____ Contact Manager: _____

Phone: _____ Email: _____

Billing Email: _____

Staff to Traveler Ratio

1:3 _____ 1:1 _____ (additional fees may apply)

____ I can share a room with another person ____ I need to share a room with a staff

I want my room ____ (additional fees may apply)

Ambulation

____ Needs assistant on unstable ground or stairs ____ Arm in arm assistance when walking

____ Need extra time when walking ____ No help, independent on all terrains



F.R.I.E.N.D.S. of Broomfield Social and Travel Program Registration Form

While Traveling I Will Be Using

Walker Cane Would you like to use wheelchair for longer distances?

Manual wheelchair Would you like use to provide a wheelchair for your trip?

Electric wheelchair battery type Weight

If Wheelchair is Used

Can self-transfer

Bears own weight

needs full assistance transferring (How many people?)

Needs to use a Hoyer lift for transfers

Requires a wheelchair accessible van (additional fee may apply)

Assistance (check all that apply)

Dressing/Grooming

No assistance needed

Assistance needed*

Brushing teeth, applying
deodorant, combing hair, shaving

No assistance needed

Toileting

No assistance needed

Needs assistance in bathroom*

Wears depends products/
Incontinence*

Needs assistances with depends*

Bathing

No assistance needed

Assistance needed*

Shower chair

Roll in shower

Vision

No difficulty seeing

Wears glasses

Visually impaired*

Hearing

No difficulty hearing

Hard of hearing

Wears hearing aids

Speaking *

No difficulty speaking

Difficulty to understand

Non-verbal



F.R.I.E.N.D.S. of Broomfield
Social and Travel Program
Registration Form

_____ Use sign and gestures

Eating

- _____ I am independent
- _____ I need assistance
- _____ I need to be fed
- _____ I can read the menu

Money

- _____ I can manage my money and receipts
- _____ Staff holds onto my money and receipts
- _____ I use a debit or credit card

Alcohol/Tobacco

- _____ I can have 1- 2 drinks
- _____ I smoke
- _____ I vape
- _____ I use oral tobacco

***Give a Detailed Description of all Assistance Needed:**

Daily Routines

Usual bedtime: _____ Usual wakeup time: _____

Preferred activity length: _____

Medical History

My Diagnosis is: _____

Check All That Apply

_____ Seizures



F.R.I.E.N.D.S. of Broomfield Social and Travel Program Registration Form

Medication

_____ I am independent administering my own medication while traveling

_____ I use an Medication Reminder Box (MRB)

_____ Staff will need to administer my medication while I am traveling

Please provide a copy of Identification Card and Medical Insurance Information Card

***Copy of current MAR is required for traveling**

Medication:	Dosage:	Route:	Time of administration:

PRN's I take:	Symptoms



F.R.I.E.N.D.S. of Broomfield
Social and Travel Program
Registration Form

Name of Residential Agency Nurse _____

Phone Number _____

Additional Medical Information:

Behavior

- | | | |
|-----------------------------------|--|-----------------------------|
| ___ Physically aggressive | ___ Inappropriate with others | ___ Self injurious |
| ___ Verbally aggressive | ___ History of not listening to adults | ___ History of stealing |
| ___ Inappropriate sexual behavior | ___ Eloping | ___ registered sex offender |
| ___ I am line of sight | ___ I wonder away from the group | |

Explain All Areas Marked:

Likes and Interests (Mark all that apply)

- | | |
|---------------------|---|
| ___ Shopping | ___ Sports Team: _____ |
| ___ Swimming | ___ Music: _____ |
| ___ Animals | Other: _____ |
| ___ Elevators | ___ Escalators |
| ___ Roller Coasters | ___ Slow amusement park rides |
| ___ Museums | ___ Outdoors activities (camping, hiking, etc.) |



F.R.I.E.N.D.S. of Broomfield
Social and Travel Program
Registration Form

___ Likes small group settings ___ Like large group settings ___ Likes loud environments

Tell Us About Yourself:



F.R.I.E.N.D.S. of Broomfield
Social and Travel Program
Registration Form

RELEASE AND WAIVER

I hereby release FRIENDS of Broomfield, a Colorado non-profit corporation, its officers, directors, affiliates, employees, independent contractors, agents, volunteers, and each of them (collectively and individually, the releases are called “FRIENDS”), from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, including personal injury or death, arising out of or in any manner resulting from my attendance and participation, or the attendance and participation of any ward under my guardianship, in travel and event activities sponsored, managed or conducted by or under the authority of HILLS, including without limitation any claims, damages, demands, rights of action or causes of action resulting from or arising out of the negligence of FRIENDS.

Further, I and any ward under my guardianship, hereby agree to waive any and all such claims, damages, demands, rights of action or causes of action, indemnify and hold harmless FRIENDS against the same, and covenant not to bring or file any lawsuit, claim or demand for damages on account thereof. Further, I and any ward under my guardianship, hereby agree to release and discharge FRIENDS from any and all liability for any loss or theft of, or damage to, personal property. I understand that the specific nature of potential loss or injury is not known at this time, but it is my intention that this Release and Waiver apply to any such unknown future loss, damage or injury.

I am fully knowledgeable of the risks and dangers potentially incident to participation in the travel or other event sponsored, managed or conducted by FRIENDS, and agree on my behalf, and that of any ward under my guardianship, to assume the risk there and to. I understand that FRIENDS will make no evaluation or recommendation, and I will not construe any statement or action as an evaluation or recommendation, with respect to whether I am physically fit and able to participate in any such travel or event. I agree to consult a physician before undertaking any such travel or event and obtain permission to participate in the travel or event. I agree to advise FRIENDS of any advice or recommendations made by any health care professional with respect to particular needs or care that may be advisable with respect to participation in such travel or event by me or any ward under my guardianship. I, or any ward under my guardianship, will indemnify hold harmless the entitles or persons mentioned in the paragraph from any and all liabilities or claims made as a result of participating in the activities.

I acknowledge that I have carefully read this Waiver and Release and fully understand its terms, and that I and any ward under my guardianship, are legally bound by its terms. I am signing this Waiver and Release:



F.R.I.E.N.D.S. of Broomfield
Social and Travel Program
Registration Form

() On my own behalf, and/or

() On behalf of the ward under my guardianship, whose name is: _____

Signature

Print name

Date

**FRIENDS OF BROOMFIELD: PARTICIPANT RELEASE OF
INFORMATION FOR MEDIA/PUBLIC RELATIONS AND MARKETING PURPOSES**

FRIENDS of Broomfield is committed to protecting the privacy of our individual's Protected Health information. That's why we must obtain your written consent before we can photograph you or share Protected Health Information for use in news stories or promotional materials. Only you and your team of caregivers may provide details about your case and Protected Health Information to a FRIENDS of Broomfield Staff. Please review the following facts and assure your questions are fully answered by a FRIENDS of Broomfield Staff before signing this form. You are entitled to receive a signed copy.

FREQUENTLY ASKED QUESTIONS

Who will use my information? A FRIENDS of Broomfield staff may share your images or information [example: your name or program of participation] with journalists or the public for promotional purposes, such as advertising, brochures, web pages, publications or news stories. All images used for promotional purposes will be respectful and dignified.

What happens after my photos and information go public? Once stories, photos, audio and videotape enter the public domain, it's important to understand that other outlets are free to use them too. For example, photos and stories in the Broomfield Enterprise can be picked up by news wires, reprinted by other websites and broadcasted by radio and television stations.

Before you sign this form, make sure you are comfortable with the amount of public



F.R.I.E.N.D.S. of Broomfield

Social and Travel Program

Registration Form

recognition you may receive. FRIENDS of Broomfield control how—or how long—news outlets use or distribute your information, photos and videotape for future stories. We also cannot guarantee that other organizations will not display your publicized images or information on their own websites.

I'm not sure I want to make my information public. Do I have to sign this form? Absolutely not! Signing this form is your choice alone and will have no effect on your care or support from FRIENDS of Broomfield.

May I withdraw my consent? You may cancel or revoke your authorization at any time by writing to FRIENDS of Broomfield, 11851 Saulsbury St, Broomfield CO 80020; however, if we have already used the information and disclosed it as provided by the authorization, we will not be able to revoke your authorization.

Do I approve each photo before use? By signing this form and selecting Option #1 you are giving FRIENDS permission to use our best judgment on the photo(s) we choose to use of you. Option #2 requires FRIENDS to get your signed permission each time a photo of you is used.



F.R.I.E.N.D.S. of Broomfield
Social and Travel Program
Registration Form

OPTION #1:

I _____ [Person's name] agree to participate in an interview, provided details about services and/or have photographs, audio or video recordings made of myself, for:

- FRIENDS of Broomfield brochures or publications
- FRIENDS of Broomfield website(s)
- FRIENDS of Broomfield Social Media [including but not limited to: Facebook and Twitter]
- FRIENDS of Broomfield- related stories in the news media, including but not limited to newspapers, television, radio, magazines and online publications.
- Marketing/advertising by FRIENDS of Broomfield, including possible storage in a photo or video archive for future promotional purposes.

PLEASE LIST SPECIFIC INFORMATION YOU DO NOT WANT DISCLOSED:

OPTION #2:

I _____ (Person's name) would like FRIENDS to get my permission each time a photograph, video or interview of me is used by FRIENDS.

When does my consent expire? If no date is recorded, your consent expires 12



F.R.I.E.N.D.S. of Broomfield
Social and Travel Program
Registration Form

months after the date of your signature. Expiration Date (if less than 12 months)___.

SIGNATURE

I have read this form, and all of my questions have been answered. My signature confirms that I understand and accept all of the above conditions, and approve the use of my images by FRIENDS of Broomfield. **I also understand that if FRIENDS of Broomfield features me in a media/public relations and marketing purpose that is not listed above that FRIENDS will acquire a specific release of information for that purpose.**

Signature (Participant or Guardian)

Print (Participant or Guardian Name)

Date

Participants Name (if Guardian)