

Davis Mountains Education Center (DMEC)
Elderhostel – Personal Information and Liability Release Form

This form must be returned prior to program start date.

Program Number: _____

Program Date: _____

Couples: Please fill out one form.

14371

Last Name: _____ First Name(s): _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

1. First name(s) as you want it to appear on your name tag(s):
_____ and _____
2. What is the elevation of the town where you currently live? _____ Have you ever been at an elevation of more than 5,000 feet? _____ If so, and you experienced difficulties, please explain. _____

3. When was your last physical checkup? _____ Do you have any physical or other limitations we need to be aware of? _____ If so, please explain. _____

4. Please indicate number of flights of stairs you can comfortably climb. _____
5. Any special dietary requirements? _____ If so, please explain. _____
6. Any special rooming needs? _____ If so, please tell us _____

7. Is there another party or group you would like to room near? _____ If so, please list _____
8. Please list an individual, other than your Elderhostel traveling companion, whom we should notify in case of an accident or medical emergency:
Name: _____ Relationship: _____
Address: _____ Phone Number(s): _____

9. Travel Information.

EL Paso Arrival. Reserve our shuttle from El Paso (\$125.00/person, round trip)

_____ I (We) will wait in the hotel lobby (marked below) prior to 11:00 a.m. Mountain Time:

Microtel El Paso

Wyndham El Paso Airport Inn (formerly the Hilton)

Fort Davis Arrival:

_____ Private vehicle to Fort Davis

Fort Davis Departure. On program end date, the shuttle will depart Fort Davis in time to return you to the El Paso International Airport **by 11:00 a.m. Mountain Time.** Please schedule your departing flight accordingly. Flight date/time: _____.

Davis Mountains Education Center (DMEC) Elderhostel Program - Liability Release

ELDERHOSTEL, INC., is a non-profit organization primarily serving persons 55-years old and older. In some instances, scheduled activities and field trips that are part of the Elderhostel programs may involve travel or challenging physical activity. ELDERHOSTEL, INC. and its non-profit host organizations plan these programs with care, but given the number of persons involved and variations in participants' physical abilities and medical needs, we do not assume responsibility for determining whether any individual can safely participate in a particular program. In those instances where a program involves travel or challenging physical activity, and remote areas without immediate medical facilities nearby, we therefore ask each participant, in consultation with his or her own physician, to accept this responsibility.

Our goal is to offer the broadest possible range of programs, but our ability to do so is affected by the increasingly litigious society in which we operate. We therefore request that each participant assume responsibility for risks other than those arising from gross negligence or wanton or reckless conduct on the part of ELDERHOSTEL, INC., and DAVIS MOUNTAINS EDUCATION CENTER, or any of their corporate offices, officers, or board members.

Please also note: If your program travels into Mexico and if you are interested in securing additional medical insurance coverage in Mexico, please contact your insurance agent for details. This is strictly your personal choice. (Elderhostel provides Emergency Coverage – not Major Medical)

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FORM OF LIABILITY RELEASE

I/We, _____, have read and understand the requirements for the Elderhostel Program, some of which involve trips into very remote areas and Mexico. I am aware that this program involves risks, which I am prepared to accept, and following appropriate medical consultation with my personal physician, I have determined that my health is adequate to participate safely in this program. Accordingly, as part of my decision to enroll, I hereby release ELDERHOSTEL, INC., and DAVIS MOUNTAINS EDUCATION CENTER from any and all liabilities to me with respect to injury, sickness, disease, loss, or damage. This release does not apply to liabilities arising from gross negligence or wanton or reckless conduct by anyone, including ELDERHOSTEL, INC., and DAVIS MOUNTAINS EDUCATION CENTER. Apart from that exception, this release applies to any and all liabilities to me or my estate, of any type or 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 ELDERHOSTEL, INC., and DAVIS MOUNTAINS EDUCATION CENTER named above for all sums reasonably incurred in response to that claim. This release is to be interpreted and enforced under Texas law.

Date: _____ Signed: _____

Date: _____ Signed: _____

Return this form to DMEC in one of the following methods:

Fax: 432-426-2021

U.S. Postal Service: DMEC, P.O. Box 1138, Fort Davis, Texas 79734

E-mail: info@dmectexas.org

Questions? **Call DMEC AT 1-800-403-3484.**