



SUPPORT-TRAVEL & ENTERTAINMENT PARTNERSHIP

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Do you have any health issues or allergies?

☐ Yes ☐ No

If yes, please describe conditions. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact**

In case of emergency, please notify:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_

## Programs (Rec/Leisure-Travel-Support)

Program(s) of interest \_\_\_\_\_

Have you ever applied for any programs previously? ☐ Yes ☐ No

Please list additional areas of interest:

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### Rules & Regulations

- All participants must complete an information application in its entirety.
- STEP Associates will provide an approximate staff to client ratio of 1 to 5.
- Each program shall consist of at least 1 First Aid, CPR certified staff.
- Any and all pertinent information regarding group participants must be disclosed. STEP Associates is not responsible for any situation that may occur due to inadequate disclosure of such information.
- Clients requiring complete and/or total care or use of a wheelchair/walker must provide their own personal care assistant at additional costs. Personal Care Assistants are not affiliated with Step Associates and are responsible for all care of the participant. At this time we do not have wheelchair accessible vehicles, however, we are willing to discuss alternative suggestions.
- STEP Associates reserves the right to expel any participant from the program for any lawful reason, including, but not limited to, violation of STEP Associates rules and regulations and detrimental conduct to him/herself or others. Any expenses incurred by STEP Associates due to improper conduct or behavior by a participant must be reimbursed by the participant to STEP Associates. Improper conduct includes but is not limited to fighting, theft, and/or property destruction.
- All activities are first come, first serve and are limited depending on the event.

### **Please Read Before Signing:**

Participant, on his/her own behalf and on behalf of his/her heirs, successors and assigns in consideration of his/her participation in STEP Associates programs and activities, hereby agrees to release, defend, indemnify and hold harmless STEP Associates LLC, its officers, directors, shareholders, employees, and agents from and against any and all damages, claims, demands, suits, judgments, and costs, including reasonable attorney's fees, costs and expenses, for or on account of any bodily or personal injury, damage to property of which he/she now has or shall ever have as a result of his/her participation in said STEP Associates LLC programs and activities. In the event my emergency contacts are unable to be reached, I hereby consent and authorize STEP Associates LLC, its employees and/or agents to authorize medical treatment on my behalf, including the release of any and all my personal and medical information necessary for any such treatment intending to grant the authority to act for me in all matters as fully and effectually as I might do if able to do so.

I acknowledge that I have reviewed and understand all information provided on application document.

I certify that all information provided by me on this application is true and complete to the best of my knowledge.

I agree that Step Associates will not be held liable in any respect if a program or trip offered is rescheduled, not extended, or is withdrawn due to lack of participation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian) if applicable

### **Name and Photo Release Authorization**

The signed Program Participant agrees that STEP Associates may use his/her name and/or photograph for newsletters, brochures, STEP Associate's website, STEP Associate's Facebook page, pamphlets and forms.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian) if applicable