

ADVENTURERS NEEDING SPECIAL ACCOMMODATIONS FORM

Please complete this form, sign and return it upon registration to:
MY Credit Union Adventure Club
c/o JulieAnn Worthen
9550 Lyndale Ave. S.
Bloomington, MN 55420
Or email it to JulieAnn Worthen, at adventureclub@mymncu.org

An Adventurer needing special accommodations must report any disability requiring special attention to MY Credit Union Adventure Club at the time the reservation for any adventure is made. *MY Credit Union Adventure Club will make reasonable efforts to accommodate the special needs of adventure participants. Such participants, however, should be aware that the Americans with Disabilities Act is inapplicable outside of the United States and facilities outside the United States for disabled individuals are limited. It is strongly recommended that persons requiring assistance be accompanied by a companion who is capable of and totally responsible for providing the assistance. Neither MY Credit Union Adventure Club, nor its personnel, nor its suppliers, may physically lift or assist clients into transportation vehicles. If an adventurer/traveler thinks he or she might need assistance during an adventure/trip, he or she should call MY Credit Union Adventure Club to determine what assistance might reasonably be given. MY Credit Union Adventure Club employees cannot provide special individual assistance to adventure tour participants with special needs for walking, dining or other routine activities. Internationally, a great deal of walking may be necessary to fully enjoy the destination. Adventurers should be in good health and must be able to walk reasonable distances. In some areas, Adventurers may be required to walk on uneven ground, cobblestone streets or raised thresholds. MY Credit Union or MY Credit Union Adventure Club will not be responsible for paying, discounting a trip nor supplying any type of financial assistance for these situations. It will be the participants sole responsibility to pay for any assistance.

****To request a wheelchair accessible room on a cruise, the traveler or person sharing the room must have a recognized disability that alters a major life function and requires the use of a mobility device and the use of the accessible features provided in the wheelchair accessible stateroom. The cruise company may take appropriate action against someone who has reserved or purchased such a stateroom fraudulently. Action may include but is not limited to removal from the stateroom to a non-accessible accommodation up to denial of boarding.***

Name of the MY Credit Union Adventure you have signed up to go on: _____

Name: _____

Male or Female (circle one)

Are you traveling with a wheelchair? Yes No

If you answer "YES"

- Does your wheelchair collapse? Yes No
- Can you stand and climb steps to board the coach without it? Yes No
- Are you capable of lifting your own wheelchair? Yes No

If you are not capable of lifting your own wheelchair who will provide your assistance?

This form cannot be processed without the dimensions of your wheelchair:

Height _____ Length _____ Width _____

Are you traveling with a scooter? Yes No

If you answer "YES"

- Are you capable of lifting your own scooter? Yes No

If you are not capable of lifting your own scooter who will provide your assistance?

This form cannot be processed without the dimensions of your scooter:

Height _____ Length _____ Width _____

Airlines have special requirements for the transportation of scooters and require that you speak with them directly.

- Please contact the airline directly to arrange to have the scooter flown with you.

Are you traveling with a walker? Yes No

If you answer "YES"

- Does your walker collapse? Yes No

This form cannot be processed without the dimensions of your walker:

Height _____ Length _____ Width _____

Tour Managers and drivers do not provide assistance lifting, pushing or carrying wheelchairs, scooters or walkers.

Are you requesting any hotel-room accommodations? Yes No

If “YES” Please indicate if one or more of the following is required in the washroom.

- Walk-in shower Yes No
- Grab bars Yes No
- Raised toilet seat Yes No

Please provide any details in reference to the nature of your request.

Most hotel rooms that can accommodate the request will be equipped with only 1 bed.

Do you understand and accept? Yes No

MY Credit Union Adventure Club cannot guarantee the availability of such rooms as many hotels have a limited number of rooms that are equipped with the above accommodations.

Are you traveling with a sleep apnea machine? Yes No

If you answer “YES”

- You must contact the airline directly to determine if they have special requirements for the transportation of sleep apnea machine.
- You are responsible for supplying your own electrical cords and converters as needed.
- MY Credit Union Adventure Club is unable to provide distilled water. Your tour manager will be given a copy of this form and will be prepared to advise of the locations where distilled water can be purchased while on tour.

Are you traveling with an oxygen tank? Yes No

If you answer “YES”

- You must contact the airline directly to arrange transportation of the oxygen on the plane. Oxygen requests vary by airline and location and can take up to 2 weeks to request.
- You are responsible for supplying your own electrical cords, and converters as needed.

This form must be remitted upon registration or a minimum of **90 days prior to departure** for any special needs accommodation request. If booking within 90 days of departure, please submit your request as quickly as possible.

The Americans with Disabilities Act only applies in the United States. Many international destinations cannot accommodate passengers’ requests. MY Credit Union Adventure Club will make all reasonable

efforts to accommodate the special needs of tour participants, but we cannot guarantee that all requests will be honored on international destinations.

MY Credit Union Adventure Club also regrets that it cannot provide individual assistance to a tour member with special needs for walking, dining or any other special personal needs. **It is strongly recommended that persons requiring assistance be accompanied by a companion who is capable and totally responsible for the assistance.**

I have read and understand the above:

Signature: _____

Print Name: _____

Date: _____