



# APPLICATION

## THE GREAT ESCAPE ADVENTURE

### Step 1 General Information:

Applicant's Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ (Must be over 18) Ethnicity (Optional): \_\_\_\_\_

Clubs, Organizations or Churches you are a member of (Optional):  
\_\_\_\_\_ Gender: \_\_\_\_\_

Referred by: \_\_\_\_\_

Present/Past/Most Recent Employer: \_\_\_\_\_

Other Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_  
(Including City/State/Zip if different from above)

The Great Escape Adventure Requested:  
\_\_\_\_\_

Has Applicant participated in The Great Escape Adventure? \_\_\_\_ Yes \_\_\_\_ No

Does Applicant or one of the participants have a major credit card? \_\_\_\_ Yes \_\_\_\_ No

VISA \_\_\_\_ M/C \_\_\_\_ Other \_\_\_\_\_

Does Recipient or one of the participants have a valid driver's license or ID? \_\_\_\_ Yes \_\_\_\_



**Step 2**                      **Escape Information:**

APPLICANT: \_\_\_\_\_

Which Escape are you requesting to participate in: \_\_\_\_\_

Is the participant considering bringing family, spouse, caregiver, friends and/or children:

(Please list all possible attendees)

NAME:	SEX:	RELATIONSHIP:	AGE:	DOB:
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



**Step 3 Physician Release:**

Applicant's Signature: \_\_\_\_\_

**This Part To Be Completed By Physician Only**

(Must be submitted prior to escape departure)

Physician's Name:

\_\_\_\_\_

Physician's Address:

\_\_\_\_\_

(Including City/State/Zip)

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Applicant's Diagnosis: \_\_\_\_\_

I certify that I am the treating physician of the Applicant. I certify that my patient is of sound mind, and capable to sign legal documents. I have discussed (or will discuss) the Great Escape Adventure with my patient and have deemed it safe and reasonable if he/she wishes to participate within the next three months on \_\_\_\_\_ (Adventure requested)

\_\_\_\_\_

Signature of Physician, NP or PA only Title

\_\_\_\_\_

Date

## Step 4 Agreement & Release

Please initial items 1, 2, 3, 4, 5 and 10 where indicated, below:

1. Permission to disclose medical condition. The Recipient grants The Great Escape Adventure (TGEA) the right to disclose the nature of his/her medical condition to the extent necessary in the fulfillment of the Escape. Furthermore, the Recipient grants The Great Escape Adventure and on site physicians permission to obtain medical information about the recipient which TGEA may feel necessary for fulfillment of the escape and authorize all physicians and medical care providers to provide TGEA with all medical information. \_\_\_\_\_[initial here]

2. Waiver. The Recipient and all participants hereby waive any and all rights he or she may have or may hereafter acquire against TGEA, its officers, directors, agents, and employees arising out of any injury, damages, or losses suffered by the Recipient, and all participants, arising out of or in any way related to TGEA preparation, execution or fulfillment of the Escape, regardless of whether such loss or harm is caused by the active, passive or gross negligence of TGEA or any other person. \_\_\_\_\_[initial here]

3. Release. Recipient, and all participants, together, and each of them individually, does hereby forever release and remise TGEA, its officers, directors, agents, and employees from any and all claims, lawsuits, damages, or losses arising out of or in any way related to TGEA preparation, execution or fulfillment of the escape, any injury, damages, or losses suffered by Recipient or participants, or any of them of whatever nature, and of whatever extent, regardless of whether such loss or damage is caused by the active, passive or gross negligence of TGEA or any other person. \_\_\_\_\_[initial here]

4. Indemnity. Recipient, and all participants, together and each of them individually, hereby agree to indemnify and hold harmless TGEA, its officers, directors, agents, and employees of and from any and all losses suffered by TGEA, its officers, directors, agents, and employees as the result of any claim, lawsuit, or action arising out of or relating in any manner to TGEA's preparation, execution and fulfillment of the escape, or due to a breach by Recipient, or any participants, of the representations, warranties or covenants contained in this agreement. Said hold harmless and indemnity includes, but is not limited to, reasonable attorneys fees and costs incurred by TGEA, its officers, directors, agents, and employees in retaining attorneys of TGEA's choice to defend any and all such claims, lawsuits, and actions. \_\_\_\_\_[initial here]

5. Escape expenses. TGEA shall not have any responsibility or liability for expenses incurred by Recipient, relatives or friends which have not been expressly assumed by TGEA pursuant to this Agreement, which have been caused by unforeseen events, or circumstances beyond TGEA's control. For example, a particular escape may contemplate TGEA paying for certain specific expenses for a specific period of time while Recipient is traveling away from home. If Recipient's medical condition deteriorates so that immediate hospitalization is necessary, Recipient may be forced to remain away from home longer than the period of time contemplated by the escape. In that event, it will be the sole responsibility of the

Recipient to pay for all expenses, whether medically-related, for meals and lodgings, including hospitalization, or for other goods, or services of any nature. If death occurs during escape, TGEA is unable to assist in any way. Participants understand that TGEA will not be held responsible for any expenses unless otherwise stated in writing \_\_\_\_\_ [initial here]

6. Binding effect. This Agreement is binding on all heirs, successors, representatives, and assigns of all parties hereto.

7. Severability. If any portion of this Agreement shall be determined to be invalid or unenforceable, all other portions shall remain valid and enforceable.

8. Entire agreement. This Agreement, the application and all materials provided in support of the application constitutes the entire Agreement and understanding of the parties with respect to the transaction contemplated hereby, and supersedes all prior agreements, arrangements and understandings related to the subject matter. No representation, promise, inducement or statement of intention has been made by any of the parties hereto not embodied in this Agreement and no party shall be bound by or liable for any alleged representation, promise, inducement or statements of intention not set forth or referred to herein.

9. Captions. The Captions appearing in this Agreement are for convenience and ease of reference only. They in no way describe, limit or extend this Agreement or any of its provisions.

10. Grant of Right of Publicity. PARTICIPANTS UNDERSTAND AND AGREE THAT PARTICIPATION IN THE ESCAPE MAY RESULT IN PUBLICITY, WHETHER OR NOT THE GREAT ESCAPE ADVENTURE ACTIVELY TAKES STEPS TO PUBLICIZE THE ESCAPE. The Dream Recipient and Participants hereby irrevocably authorize TGEA: (a) to publicize and use Participants' likenesses, voices and features, with or without their names, for any publication, promotion, advertisement, trade, business use, or any other purpose whatsoever in perpetuity; (b) to photograph, videotape, film, and record each participant in any manner The Great Escape Adventure chooses; (c) to copyright, convey, transmit or otherwise distribute, now or in the future, any such material involving the participants for any purpose to anyone, including the general public, through all media presently in existence or later invented, throughout the world, including without limitation print, video, television, radio, digital, internet, and social media; (d) to publicize, now or in the future, the names of the participants including information regarding them, their physical or emotional conditions and the details of any escapes. The participants agree that it is not necessary for TGEA or anyone else to contact them prior to releasing any information authorized by this document. Each of the Participants hereby releases TGEA from all liability, damages, or claims of any kind resulting in or from, or arising from the use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding Participants and the escape.

Initial here: \_\_\_\_\_ (Must be initialed by ALL Participants attending)

By signing below, you affirm and acknowledge that you have read this Agreement, have retained a copy, and fully understand and agree to its provisions. All Participants must sign Agreement. For any minor

Participants, the signature of their parent or guardian is both on behalf of the parent or guardian and on behalf of the minor.

Escape Participant

Date

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Escape Guest Participant

Date

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Escape Guest Participant

Date

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Escape Guest Participant

Date

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Escape Guest Participant

Date

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## Step 5 HIPAA FORM

Authorization for Use/Disclosure of Protected Health Information TO:

(Physician) \_\_\_\_\_

(Physician's Address) \_\_\_\_\_

(Physician's Tel #) \_\_\_\_\_

RE: (Patient – Print Name Legibly) \_\_\_\_\_

(Patient's Date of Birth) \_\_\_\_\_

I authorize the use and disclosure to The Great Escape Adventure of protected health information about Patient as described below: Information that may be used/disclosed: All protected health information relating to Physician's assessments of: (a) whether Patient is medically eligible for The Great Escape Adventure services; and (b) if so, whether his/her desired wish is medically appropriate. In addition, Physician is authorized to fill out, sign and provide to The Great Escape Adventure forms that the organization may require, including forms relating to Patient's medical eligibility, the requested escape and medical considerations relating thereto. Persons authorized to use/disclose the information: The Physician identified above, as well as his/her authorized representatives. Persons authorized to receive the information: Employees or other authorized representatives of: The Great Escape Adventure, 12689 S. Montana Avenue, Yuma, AZ, 85367 (phone) 928-919-4022 [www.thegreatescapeadventure.org](http://www.thegreatescapeadventure.org) Purpose for which information will be used/disclosed: To enable TGEA to obtain: (a) physician's assessments regarding whether Patient is medically eligible to participate in the Escape of their choice and, if so, whether the requested escape is medically appropriate; and (b) pertinent information relating thereto. Expiration date/event: This authorization expires once patient's escape has been completed with The Great Escape Adventure or a final determination has been made that Patient is not eligible to participate in an escape. Statements required by HIPAA: In accordance with the Health Insurance Portability and Accountability Act, I acknowledge the following: (a) I understand that I may revoke this authorization at any time by so notifying Physician in writing, except to the extent that action has already been taken in reliance on the authorization; (b) I understand that if the person/entity that receives the information described above is not a healthcare provider or health plan covered by federal privacy regulations, such information will no longer be protected by these regulations and could potentially be re-disclosed by the recipient.

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Patient Name

Patient Signature

Date

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Patient Representative