



## 2025 VACATIONER APPLICATION

**The Arc of Lincoln PO Box 57002, Lincoln, NE 68505**  
**402.421.8866 |director@arclincoln.org | www.arclincoln.org**

*All Vacationers must be a member  
of their local Arc chapter or The Arc of Nebraska.*



Vacationer's Legal Name \_\_\_\_\_ Gender (M/F)

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Birth Date \_\_\_\_\_

Preferred Name (and/or common nicknames) \_\_\_\_\_

Arc Chapter to which I belong: \_\_\_\_\_ Membership Fee Paid Yes/NO

Guardian/Contact Person: \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Best way to contact: \_\_\_\_\_

*Check the box of the trip(s) for which you wish to register. Subject to airlines & hotels changes.*

<input type="checkbox"/> <b>Art &amp; Space DAY TRIP</b> <span style="float: right;">March 29</span> Everyone, Walking, Van trip <input type="checkbox"/> FEE: \$175	<input type="checkbox"/> <b>Omaha Stay-cation</b> <span style="float: right;">July 18-20</span> Everyone, Walking, Van Trip <input type="checkbox"/> FEE: \$900
<input type="checkbox"/> <b>Luxury Women's Weekend</b> <span style="float: right;">April 25-27</span> Women only, Walking, Van Trip <input type="checkbox"/> FEE: \$1000	<input type="checkbox"/> <b>Minneapolis</b> <span style="float: right;">August 14-18</span> Everyone, Walking, van trip <input type="checkbox"/> FEE: \$1400
<input type="checkbox"/> <b>New York City</b> <span style="float: right;">May 13-19</span> Everyone, Walking, Public Transportation, flying <input type="checkbox"/> FEE: \$3500	<input type="checkbox"/> <b>San Antonio, TX</b> <span style="float: right;">September 8-14</span> Everyone, Walking, Van trip <input type="checkbox"/> FEE: \$3500
<input type="checkbox"/> <b>Branson Summer</b> <span style="float: right;">June 5-9</span> Everyone, Walking, Van trip <input type="checkbox"/> FEE: \$1400	<input type="checkbox"/> <b>Husker Football Game DAY TRIP</b> <span style="float: right;">October TBA</span> Everyone, Walking, public transportation <input type="checkbox"/> FEE: \$275
<input type="checkbox"/> <b>Fun Plex DAY TRIP</b> <span style="float: right;">June 21</span> Everyone, Walking, Van Trip <input type="checkbox"/> FEE: \$200	<input type="checkbox"/> <b>Disney World &amp; Universal Studios</b> <span style="float: right;">October 20-26</span> Everyone, walking, flying <input type="checkbox"/> FEE: \$3500
<input type="checkbox"/> <b>KC Mens Trip</b> <span style="float: right;">June 27-29</span> Men, Walking, Van trip <input type="checkbox"/> FEE: \$1000	<input type="checkbox"/> <b>Christmas Branson</b> <span style="float: right;">November 13-17</span> Everyone, Walking, Van Trip <input type="checkbox"/> FEE: \$1400

**Additional Contact Information**

Primary Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email for correspondence/paperwork: \_\_\_\_\_

Relationship to Vacationer?  Parent  Guardian  Direct Care Staff  Other

Agency Name (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Cell: \_\_\_\_\_ Day: \_\_\_\_\_ Night: \_\_\_\_\_

Mail trip information to:  Applicant  Primary Contact  both  Other \_\_\_\_\_

Address mail trip information to: \_\_\_\_\_

Mail billing information to:  Applicant  Person Completing Application  Other \_\_\_\_\_

**Payments/Deposits:**

**All trips require a \$100 deposit.** See the 2025 trips booklet for Registration and Deposit deadlines for each trip.

**All trip payments are due in full prior to the trip.**

**Make checks payable to "The Arc of Lincoln."** Mail this form and the deposit check to address **PO Box 57002, Lincoln, NE 68505.**

**Special Notes:** \*Walking means independent walking for long periods of time required. If you need assistance with bathrooming, a wheelchair or a walker, provide your own wheelchair/walker and consider having a one on one to attend with you.

# Consent Form

## Arc Expeditions Agreement of Risk, Waiver, and Terms

Consent Release For \_\_\_\_\_

(Please print full legal name of Applicant)

### **AGREEMENTS AND REQUIREMENTS FOR TRAVELERS:**

- Must be able to ride for long distances and get in and out of a vehicle, unless other accessible transportation has been arranged in advance.
- Must be able to stay with the group or be easily redirected.
- Must be able to wear a name tag and leave it on for safety reasons.
- Must be able to self monitor to prevent major target behaviors such as physical aggression, self abusive behavior, inappropriate sexual behavior, etc.
- Must be able to wear a face covering/mask, face shield, and/or other protective gear when deemed necessary while on the trip.
- Must be able to attend sporting and cultural events in large stadiums and venues if required for the trip.
- Must provide a government issued and valid photo ID for all trips.
- Must provide a Passport for all international trips.
- The Arc of Lincoln requests vacationers *and* sponsors to have current Covid 19 and other vaccinations.

**DEPOSITS:** Travelers must submit a nonrefundable/nontransferable deposit within the timeframe listed in the expedition trip booklet. Failure to submit the deposit within the timeframe may result in the traveler losing a spot on the expedition trip. No travel credit will be issued for cancellations within 120 days prior to a flight, boat, or train reservations and within 60 days of driving expedition trip of the departure date. Proper documentation must be provided to the Arc of Lincoln within 1 week of cancellation. Examples of such circumstances may include traveler hospitalization or diagnosis of a serious illness. (The traveler will still be responsible for any activities that cannot be canceled or refunded such as tickets that were purchased for an event, etc). A physician's note will be required for such circumstances. No travel credit will be issued for travelers who fail to arrive at check-in on the departure date. The Arc of Lincoln has the right to cancel a trip due to lack of participation and offer travel credit for a future trip, within the current year of the original trip. The Arc of Lincoln is not a bank account and will not hold money for future travelers indefinitely. All money that is deposited to the Arc of Lincoln must be utilized on a future trip within that year of the original deposit. For example, if a traveler were to make a deposit in February 2024 for a future trip, the traveler must be registered for a

trip prior to the end of 2024 or the money will be considered a donation to the Arc of Lincoln general fund. In the unfortunate circumstance of a death of a vacationer who has money that has been deposited for a future trip with the Arc of Lincoln, the money claimed must be by the Guardian or Legal Representative. Unclaimed money will be considered a donation to the Arc of Lincoln general fund.

**MEDICAL TREATMENT:** Staff or appointees of the Arc of Lincoln Arc Expeditions are granted authority to register participants for medical treatment if deemed necessary as determined by the staff. If authorization for treatment at the hospital or clinic is granted, the Arc of Lincoln cannot assume responsibility for any medical expenses that may occur if the participant must receive medical care. Participants/volunteers are advised to carry their own medical insurance, although such insurance may not provide coverage when in a foreign country or another state. The Arc of Lincoln does not provide participants or volunteers with traveler's insurance. Therefore, if individual traveler's insurance for your trip is needed, participants must contact their own current insurance broker. Please keep in mind some insurance plans are not accepted out of the country and require a different insurance plan. To ensure adequate medical insurance for the trip, speak with your current insurance broker. The Arc of Lincoln provides no representations, warranties, or advice as to what insurance may be deemed adequate.

**MEDICATIONS:** Volunteers will supervise medication administration per the instructions that are provided by the participant to the volunteers. All medications to be supervised by expedition trip leaders and volunteers need to be pre-packaged by date and time and in individual packets and placed in a clear zip-top bag. Medication packets from pharmacies are acceptable, too. Please ensure that an extra day's dose is sent with the vacationer. Seek permission from a physician or other persons prior to a trip for special directions/packaging about medications.

**PANDEMIC/STATE OF EMERGENCY:** All expedition trips will be postponed when there is a Pandemic, the CDC deems it unsafe to travel, and/or other proclaimed state of emergencies. The deposit or money paid towards the trip will be applied to another trip during safe travel that year or refunded.

**PERSONAL EMERGENCIES:** If a participant has to be removed from the trip or needs additional staff attention for medical, behavioral, psychological, or other personal reasons, all costs of return or additional staffing will be paid by the participant, guardian, family member, or service provider agency. Such costs can include, but are not limited to the following: airfare, lodging, meals, vehicle rental, fuel, phone charges, damages, and cost of hiring additional staff.

Notwithstanding the provisions of paragraph 1, At the request of the Vacation Program Staff; the guardian, family member or the service provider agency will be required to pick up the participant at the location of the trip within 24 hours. In the event that this is not done within the 24-hour time frame it will be left to the Vacation Program Staff's discretion to remove the participant to a "safe facility" until the time participant can be picked up by the guardian, family member or the service provider agency, as the case may be. If a participant has proven to be harmful to him or herself or others they may be

removed to a safe facility immediately, to be picked up at the facility in the 24-hour time frame by the guardian, family member or the service provider agency. All costs incurred as a result of that placement will be the responsibility of the participant, guardian, family member or service provider agency.

**PHOTOGRAPHS/VIDEOS:** The Arc of Lincoln is granted permission to use trip photographs/videos of participants for promotional purposes, unless objection is stated in writing before the trip.

**RISK:** Our expedition trip leaders are prepared to lead a safe and enjoyable vacation. But as in any travel experience, risk to body or property may be present. Some expedition trips may take place in a wilderness environment, an area without immediate available medical attention, or outside the United States of America. Participants may wish to inquire about specific tour dangers from the Arc of Lincoln prior to enrollment or departure and/or seek the advice of a physician. The Arc of Lincoln does not provide its participants or volunteers with traveler's insurance or any other type of insurance. Therefore, if a participant would like to purchase individual traveler's insurance for the trip or otherwise confirm adequately insured, a participant must contact his/her current insurance broker. Please keep in mind some insurance plans are not accepted outside of the Country or another State and require a different insurance plan. To ensure adequate insurance for the trip, participants must speak with their own current insurance broker. The Arc of Lincoln provides no representation, warranties, or advice as to what insurance may be deemed adequate.

**WAIVER:** Participants of this trip do so at their own risk and release the Arc of Lincoln and Volunteers from responsibility. The Arc of Lincoln will not be responsible for lost, stolen or broken personal items. The Arc of Lincoln is released from liability in connection with incidents or emergency medical treatment that may be required.

**AGREEMENT AND SIGNATURES:** I have read the above Agreements information as well as the Policies and Procedures in the Vacation Brochure and agree to the terms and conditions stated therein, in consideration of acceptance of this application.

Signature of Applicant \_\_\_\_\_

Date of Applicant Signature \_\_\_\_\_

Signature of Guardian (if applicable) \_\_\_\_\_

Date of Guardian Signature \_\_\_\_\_

NOTE: If Vacationer has a guardian, guardian must sign this Consent Release Form.

**Return This Form to:                    The Arc of Lincoln, PO Box 57002 Lincoln, NE 68505**