



Adventure Outside The Box
MONTANA
Pre-Travel Questionnaire

August 24-28, 2022

***Each traveler must fill out an Individual Questionnaire*

Traveler's Full Name (as it appears on Traveler's ID): _____

Type of ID you're traveling with including the State and Country issued: _____

Travel I.D./Passport/Driver's License number: _____

(Please provide a copy of your Travel Documents noted above with this form)

Sex: Male _____ Female _____ Age: _____ Date of Birth: (MM/DD/YYYY): _____

Home Address:

Street: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

Are you sharing a hotel room (Y/N): _____ If Yes, with whom: _____

What is your room preference at the Northern Hotel in Billings?

One King Bed: _____ Double Queen Room: _____

What is your room preference at the Summit Hotel at the Big Sky Resort?

One Queen Bed: _____ Two Queen Beds: _____

Do you have any special Rooming Requests or Needs? Yes: _____ No: _____

If **Yes**, please describe below (lower level floor, room upgrade, proximity to friend or elevator, etc).

(NOTE: We will do our best to accommodate your request but are ultimately subject to hotel's discretion.)

Access To Yellowstone National Park:

_____ I Have A National Park Pass _____ I Need A National Park Pass (\$20 Extra)

Ground Transportation:

_____ I Will Have My Own Car (Rental Car) _____ I Will Not Have My Own Car (Additional Fee)

Are you celebrating a special occasion during the trip (i.e; birthday, anniversary, etc)? If so, please advise:

Have you been *fully* Vaccinated against COVID-19? Yes: _____ No: _____

PLEASE NOTE: According to the current CDC Guidelines, you are considered *fully* vaccinated when:

- 2 weeks (14 days) after your dose of an accepted single-dose vaccine
- 2 weeks (14 days) after your second dose of an accepted 2-dose series
- 2 weeks (14 days) after you received the full series of an accepted COVID-19 vaccine (not placebo) in a clinical trial
- 2 weeks (14 days) after you received 2 doses of any “mix-and-match” combination of accepted COVID-19 vaccines administered at least 17 days apart*

If you don't meet these requirements, you are NOT considered fully vaccinated.

Do you have valid Proof of Vaccination (i.e.; Vaccination Card)? Yes: _____ No: _____

(Please provide a copy of your Proof of Vaccination with this form)

(PLEASE NOTE: Valid *Proof of Vaccination* is required for some events on our itinerary).

Do you have any allergies (dietary or environmental): Yes: _____ No: _____ To what: _____

Please advise of any special *food or dietary requirements*: _____

Please advise of any medications that you are currently taking (that we should be aware of):

Please advise of any physical condition or medical equipment you may have, that could create a hardship or require assistance with stairs or walking: _____

Please provide any additional travel requests or requirements:

ADDITIONAL INFORMATION:

Please complete this form in its entirety and provide applicable supporting documentation by emailing or mailing to: l.phelps@greenboxarts.org

Green Box Arts
ATTN: Lindsay Phelps
PO Box 1
Green Mountain Falls, CO
80819
Phone: (719) 465-3065



**MONTANA - ADVENTURE PARTICIPANT
RELEASE OF LIABILITY
AUGUST 24-28, 2022**

I, and my heirs, in consideration of my participation in Green Box's Montana trip taking place on August 24, 2022 through August 28, 2022 hereby release Green Box its officers, employees and agents, and any other people officially connected with this event, from any and all liability for damage to and/or loss of, personal property, legal entanglements, imprisonment, death, loss of money, injury or sickness from whatever source, including Covid-19 (see below), which may occur while participating in this event. I am fully aware of the risks of participation. I hereby state that I am in sufficient physical condition to accept the level of moderate physical activity that may be required. I also understand that participation in this program is strictly voluntary and I freely choose to participate. I understand that Green Box does not provide travel insurance nor medical coverage for me and that it is strongly recommended that I secure coverage independently. I verify that I will be responsible for any travel insurance or medical costs I incur.

COVID-19 TRAVEL WAIVER ACKNOWLEDGEMENT

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to, or infected by, COVID-19 while traveling. Such exposure or infection may result in personal injury, illness, permanent disability, and possible death. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself including, but not limited to, personal injury, disability, and death.

As travel opens around the world, all destinations, airports, air carriers, hotels, restaurants, transfer companies, car rental companies, shops and excursions have established COVID-19 safety measures and precautions which may change from day to day. These safety measures may include, but are not limited to: curfews, attraction closings and reduced hours, size of group gatherings, social distancing requirements, health screenings, self-quarantine requirements and COVID test results.

By signing this agreement, I accept ultimate responsibility for myself and those traveling directly with me, to have all the necessary provisions for travel (which include and are not limited to; COVID test results, proof of vaccination for COVID, pre-travel questionnaires, etc.) Moreover, I understand that I should assume responsibility for the necessary documents (such as COVID test results, proof of vaccination, pre-travel questionnaires, etc.) considering COVID-19, in order to travel to my specific destination.

By signing your name below, you are acknowledging your receipt of this waiver and agree to its conditions.

Participant Signature: _____

Participant Printed Name: _____

Date: _____