



Mickey Kor Heritage Trip

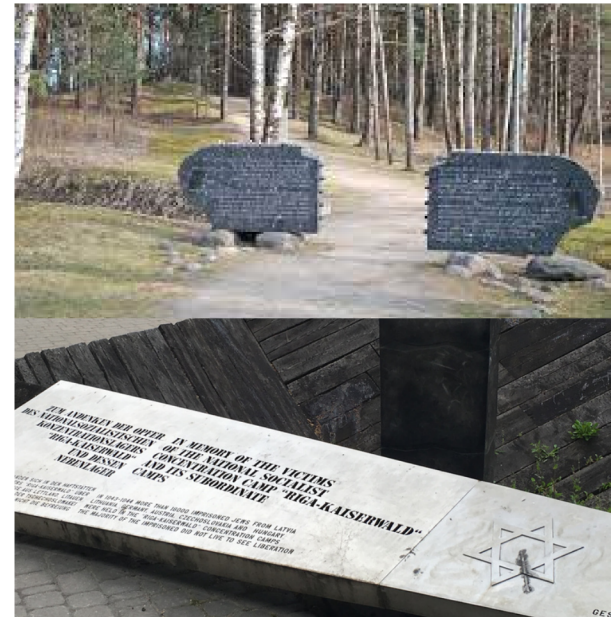
REGISTRATION MATERIALS

Riga June 22–29, 2024



Walk in the steps of Michael "Mickey" Kor – Holocaust Survivor, US Army Veteran, Pharmacist, Father, and Sports Enthusiast

We are SO excited to offer the CANDLES trip for Summer 2024 and invite you to walk in the steps of Michael "Mickey" Kor, a Latvian Holocaust survivor from Riga while learning about his extraordinary story and the stunning city of Riga, Latvia. We know that you will find this inspiring experience an example of Mickey's incredible heart, strength, and soul. Professional guides will provide you with a first-class experience as we learn and explore locations central to Mickey's story and the history of the Jewish citizens of Riga.



Complete travel option: N/A

This option is not available at this time.

Land-only travel option: \$2700

Arrange your own travel to and from Riga

Please complete all registration materials and return them to CANDLES with a \$650 nonrefundable deposit to secure your spot.

Registration will remain open until March 6, 2024 or until capacity is full.

Register below and scan or mail in registration forms to
CANDLES Holocaust Museum and Education Center.



CANDLES Holocaust Museum and Education Center

1532 South Third Street

Terre Haute, IN 47802

+1.812.234.7881 | trips@candlesholocaustmuseum.org



ABOUT CANDLES AND MICKEY KOR



By providing trip participants with an immersive experience in the historical setting of Riga, Latvia, we hope to foster powerful breakthroughs in awareness of our respective roles in creating a world based on hope, healing, respect, and responsibility. We want to help our trip participants become witnesses to history, so they can make the world a brighter place. We welcome participants from all walks of life to join us on this once-in-a-lifetime trip.

About CANDLES Holocaust Museum and Education Center:

CANDLES is a 501(3)(c) non-profit organization that was founded in 1995 by Holocaust survivor Eva Mozes Kor in honor of her twin sister, Miriam. Our mission is to shine a light on the story of the Holocaust and Eva Kor to illuminate the world with hope, healing, respect, and responsibility.

Founded originally as CANDLES, Inc., an organization dedicated to finding surviving Mengele twins around the world, CANDLES has grown into a world-wide movement dedicated to engaging all people in our mission, fostering conversations about important local and global topics, and preserving survivor testimony for future generations.

You can connect with CANDLES online at www.candlesholocaustmuseum.org or on Facebook, Twitter, and Instagram @candlesmuseum.



Born Rachmiel Kor on October 24, 1925, in Riga, Latvia, Mickey Kor was a loving and devoted husband and father, a meticulous pharmacist, loyal United States Army veteran, an avid supporter of Purdue University basketball and football, and a brave survivor of the Holocaust. Over a torturous period of almost four years, Mickey was used as slave labor in at least three Nazi concentration camps. Surviving the Riga Ghetto, KL Kaiserwald, KL Stutthof, and KL Buchenwald, he was liberated by the United States Army's 250th Engineer's Combat Battalion in early April 1945 near Magdeburg, Germany, from a death march leaving Buchenwald. He remained with the unit upon his liberation as their "mascot", teaching himself English by reading Stars and Stripes, and acting as the unit's unofficial interpreter.

In May 1946 with the help of Lt. Col. Andrew Nehf, he immigrated to the United States where he settled in Terre Haute, Indiana. Mickey was granted U.S. Citizenship in 1948, which was something he greatly treasured and considered a precious accomplishment. He finished his high school education at State High School and then attended Indiana Teacher's College before graduating from the Purdue University School of Pharmacy in 1952. Mickey served in the United States Army from Sept. 14, 1952 – Aug. 28, 1954, as a military pharmacist, stationed in Osaka, Japan. He often stated that he was full of pride and gratitude as a former concentration camp prisoner who was "allowed" to serve as a corporal for the same U.S. Army that liberated him.

After leaving the Army, he worked for AP&S Pharmacy, Hook's Drugstore, and retired from CVS Pharmacy in 1995. Mickey was a docent and twice weekly lecturer for CANDLES Holocaust Museum and Education Center until 2016, and a 64-year member of Humboldt Masonic Lodge #42 in Terre Haute, Indiana. He was a familiar and beloved face at Purdue home basketball and football games and enjoyed following and discussing politics, writing letters to the editor, watching sports, playing the piano, and singing along with Dean Martin. He is often remembered as the man who whistled while he walked at The Meadows."

Mickey passed away peacefully in his sleep on October 19, 2021.



ABOUT THE TRIP



WHAT'S INCLUDED:

- Hotel accommodations at Hilton Garden Inn Riga Old Town, which is in the heart of Riga's Old Town, a UNESCO World Heritage Site
- Tour bus transportation
- Professional tour guide services
- Daily breakfast, two dinners, and three lunches
- 3 Hour City tour guides and headsets
 - Peitav Synagogue (Inside visit)
 - Freedom Monument
 - Cat House
 - St. Peter's Church
 - Riga Cathedral (Inside visit with organ concert)
 - Academy of Arts and Sciences Observation Platform
 - Art Nouveau Museum
- The Museum of Occupation of Latvia
- Corner House – former KGB Headquarters
- Jews in Latvia Museum
- Riga Ghetto Memorial and Museum
- Mickey's former apartment (outside visit)
- Mickey's former ghetto house (outside visit)
- Riga Central Market visit
- Zanis Lipke Museum (Yad Vashem Righteous Gentile)
- Kaiserwald Concentration Camp Memorial
- Salaspils Concentration Camp Memorial
- Rumbula Forest and Memorial
- Biķernieki Forest and Memorial
- Riga Opera House tour
- Old Jewish Cemetery
- Ruins of the Great Choral Synagogue

PRELIMINARY ITINERARY:

Saturday, June 22, 2024

Sunday, June 23, 2024

Monday, June 24, 2024

Tuesday, June 25, 2024

Wednesday, June 26, 2024

Thursday, June 27, 2024

Friday, June 28, 2024

Saturday, June 29, 2024

Depart USA

Arrive Riga – Evening free

Kaiserwald, Salaspils,
Rumbula, and Biķernieki
Forest Tours

City Tour

Kor Family History Day

Museums Day

Free Day

Depart Riga – Arrive USA



What should I do to become part of this amazing experience?

- Complete pages 9–11 and 13–14 of the registration packet and submit to CANDLES.
- Pages 15–16 only **IF** Section D of the Medical Form is required.
- Submit the \$650 nonrefundable deposit with your registration. Your registration will not be processed and your spot will not be reserved until your deposit has been received.
- Page 17 only **IF** you intend to use your credit card for deposit and/or payments. There will be a \$100 discount if you make your payments **entirely** by cash or check.
- Submit a copy of your passport and ETIAS approval to CANDLES by March 6, 2024.
- If you do not have a passport, apply for it immediately. Those applying for a passport on or after January 27, 2024 should expedite your application and shipping in order to receive your documents by March 6, 2024.
- Pay your balance in full by March 6, 2024.
- Get ready for an amazing experience!



GUIDELINES FOR PARTICIPATION



General Guidelines:

- Only one participant per registration form is allowed.
- Each participant will read and submit, either electronically or in writing, an agreement that releases CANDLES Holocaust Museum and Education Center from liability to his/her person and belongings while on the trip.
- All participants under 18 years of age must be accompanied by an adult. Due to the graphic nature of some content on this trip, caution is recommended for participation of children age 14 and under. Travelers under age 10 are not permitted on this trip.
- All participants understand that CANDLES Holocaust Museum and Education Center offers this trip as educational programming and is not a travel agency.

Participants:

- CANDLES Holocaust Museum and Education Center reserves the right to refuse participation in its domestic and international trips to anyone who might present a physical, mental, or emotional threat to other participants/staff.
- All participants may be asked to undergo a limited criminal history background check from their state of residence and Indiana at their own expense.
- Trip participants are not allowed to use their access to other group members as a way to sell or solicit goods, products, or services to or from other group members.
- All participants are asked to complete and submit a confidential medical form (Sections A, B, and C). A physician's release for travel (Section D) may be required depending on the participant's medical conditions. These will be kept confidential and will only be used in the event that emergency medical care is needed.

Registration:

- To confirm your registration and secure your spot on this trip, a non-refundable deposit of \$650 per person is required with your registration. Your spot will not be guaranteed until your deposit has been received by CANDLES.

Payment options:

1. By mail to CANDLES Holocaust Museum and Education Center, Attn: Auschwitz Trip, 1532 South Third St, Terre Haute, IN 47802
 2. Call CANDLES at 812.234.7881 and pay by credit card over the phone. Make your payments entirely by check or cash and you will receive a \$100 discount!
 3. Complete the Credit Card Authorization Form (see page 15 of the registration packet) and mail to CANDLES
- CANDLES does not accept checks drawn on foreign banks. For those living outside the U.S., it is necessary to pay via credit card or wire transfer. If paying by wire transfer, there will be a \$20 acceptance fee in addition to any fees charged by the bank initiating the transfer.
 - If you make your payments entirely by check or cash, you will receive a \$100 discount.
 - Your full trip balance is to be paid in full by March 6, 2024.
 - Starting March 7, 2024, any change from the "complete" trip package to the "land" trip package will result in a \$150 fee, and your flight reservation will be forfeited.
 - If you are registering online but mailing payment, payment should reach CANDLES within 10 days of registration.

Cancellation Policy:

- Cancellations received prior to close of business on March 6, 2024 will result in a cancellation fee of 50% of monies paid (not including the nonrefundable \$650 deposit).
- For cancellations received between March 7, 2024 and close of business on April 24, 2024: the "land" trip package is nonrefundable and nontransferable; for those booking the "complete" trip package, the economy class airfare cost (less a \$150 airline fee) can be refunded.
- All monies paid are nonrefundable and nontransferable beginning April 25, 2024.

Student Participants:

- Those 18 and under who are traveling with school groups are required to sign and return the Student Travel Expectations.

GUIDELINES FOR PARTICIPATION (cont.)



Drug Policy:

- The use of illegal drugs is strictly prohibited at any time. International laws and penalties with regard to the possession and use of narcotics are more severe than in the United States. Whether a juvenile or adult, you are subject to Latvian law and policies while in the country.

Passports:

- A passport valid through November 29, 2024 is required for international travel.
- Those booking the “complete” travel package, should it become available, are required to provide CANDLES with a copy of the passport you are traveling with no later than March 6, 2024. If the airline requires a different date, you will be advised of that date.
- Complete travelers who do not submit a passport copy by this date will be charged a fee of \$100, moved from the “complete” trip package to the “land” trip package, and will be responsible for booking his/her own international flights.

Trip Services:

- For updates to the itinerary or requests for information, CANDLES staff will use the contact information you provide. Registrants are asked to respond in a timely manner to all communications from CANDLES staff.
- Flight and hotel rewards for participants booking the “complete” trip package are not guaranteed.
- Trip packages are purchased as offered.
- Because hired services for the trip are contracted based on the number of total participants, registrants will not be permitted to switch from one trip to another in the event that a second trip becomes available.

Accommodations:

- A single/private room is available on a limited basis at an additional cost of \$550.
- All rooms can accommodate a maximum of two (2) people. Some rooms may be available that accommodate three (3) occupants, but this must be requested in advance and availability is not guaranteed.

Travel Arrangements:

- Limited availability of transportation from Terre Haute, IN to O’Hare International Airport in Chicago, IL, will be arranged and available in a limited capacity to trip participants at no additional cost, but is not guaranteed.
- If a COMPLETE package is offered, participants flying with CANDLES from O’Hare will meet at the airline check-in counter.
- Participants not flying with CANDLES will submit their travel arrangements in advance for organizational purposes.
- Participants not arriving and/or departing Riga with CANDLES are responsible for their own transportation between the airport/train station and hotel.
- One checked bag and one carry-on will be included with the economy class group airfare if offered.

Media and Photos:

- By registering, participants agree to the use of their image and likeness in trip promotions during and after the trip.
- Any use of participant images/likeness by third party individuals/organizations that are not affiliated with or approved by CANDLES will require additional permissions from the trip participants.

Trip Insurance:

- Trip insurance is at the expense of the traveler and is not offered by CANDLES.
- Trip insurance is highly recommended, and CANDLES can recommend a vendor from which you may purchase that insurance.

Law Enforcement While Abroad:

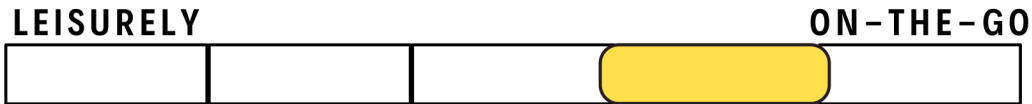
- CANDLES trip participants arrested by foreign authorities, juvenile or adult, are not the responsibility of CANDLES. If arrested, the participant may be subjected to prosecution by local law enforcement authorities and must understand that CANDLES has no obligation to defend him/her in such proceedings. Parent/guardian and chaperone will be given the phone number and address of the appropriate law enforcement agency to contact.

TOUR PACING GUIDE



Please read carefully before registering for the CANDLES Auschwitz trip.

The CANDLES staff welcomes people of all abilities and will do everything within our power to accommodate any need. However, due to differences in accessibility and standards outside of the United States, there are limitations as to what we are able to provide and accommodate. We are happy to provide more detail to help you determine your ability to participate in each part of the trip.



Please read the following carefully so you are fully informed about the physical expectations of this trip:

Walking/Terrain:

- This tour is considered a slightly “on-the-go” pace, which means there will be a considerable amount of walking every day of the trip. Please consider this when choosing shoes.
- The city walking terrain consists of cobblestones/stone surfaces that can be uneven at times and slippery when wet.

Whole-Day Tours:

- A typical day begins with a 6:00/6:30am wake up call and an evening return time of 4:00/4:30pm.
- The schedule for the entire trip is slightly rigorous, but there is rest/recovery time each evening if you choose. Please consider this when registering for the trip.

Accessibility:

- Latvia does provide accessibility in many situations. However, you should understand that it does not mean that their public locations or historical sites are ADA compliant. It is possible that there are areas with restricted or no automobile access, and stairs as the only access to upper-floor locations or lower floor/basement bathrooms due to the age of the buildings. There is an elevator in the hotel.
- Participants must be able to board and exit the tour bus independently.

Tours:

- The city tour is a three-hour walking tour –sometimes on uneven cobblestone streets.
- The walking tours of Salaspils and Rumbula are outside and one hour in length. Walking paths are not always paved.
- There are sporadic locations where one can sit to rest and some city tour visits will be inside.
- Be prepared to walk in full sun, rain, or snow depending on the season in which you are visiting.
- Carry a bottle of water with you throughout the day.

While we do not wish to discourage participation in any way, we want you to have a realistic expectation of the physical demands of this trip. Please feel free to contact us with questions you may have about tour pace, accessibility, or accommodations. These physical demands are why a release form (Section D of the Medical Form) from your doctor might be necessary.



ADA ACCOMMODATIONS for TRIP



Transportation:

For guests traveling with us who are in need of ADA accommodations and are unable to independently board a motor coach due to a dependency on a wheelchair or walker, transportation with the group, via motor coach, is not guaranteed. In a situation where the group motor coach is not accessible due to participant's dependability on a wheelchair/walker for mobility, alternative transportation options can be discussed with CANDLES staff.

Hotels:

European hotel accommodations which are ADA compliant are limited and are not guaranteed. We will make every possible effort to make reservations at properties that are ADA compliant, but our doing so is entirely dependent on hotel availability.

The bathtub/shower combination in European bathrooms is very tall, and in most cases, there are not "grab bars" for stability when entering/exiting. *There are a very limited number of handicapped rooms or shower-only rooms available, so if you require one of these rooms, please request immediately. Availability is not guaranteed.

Mobility/General Assistance:

While CANDLES staff will certainly help as time and situation allow, registrants who require an enhanced level of assistance with mobility and/or everyday tasks are required to travel with a companion/caregiver. Please note that this companion/caregiver should be able and willing to be part of alternative transportation solutions, such as driving a rented vehicle. Staff will not be available nor provided for this level of daily assistance.

Locational Accessibility:

Please note that many European sites are not ADA compliant, including many historical buildings and structures which could be on our tours. Cobblestone streets will be present and can be difficult to manage if you are restricted to a wheelchair or walker. Some walking paths at memorials are not paved.

Those who have knee/hip/back issues may benefit from bringing a device to assist with walking and stability.



RESPONSIBILITY STATEMENT



Participant's Responsibility:

- By acknowledging the following, you agree to timely compliance with the payment schedule as outlined in the tour conditions and guidelines set forth.
- You understand that the tour pricing is based on the number of participants stated in the tour conditions, and that the prices may change up or down with decreases or increases in the number of participants.
- Other criteria could impact the tour cost and thus increase or decrease your cost.
- You agree that in the event that the proposed services cannot be provided due to cancellation or unavailability of said services, CANDLES Inc. reserves the right to make substitutions of features of equal value and similar quality, per the Agent Responsibility paragraph below.
- You also agree that you have a read and understand the physical demands and limitations of accessibility and tour pacing as outlined in the registration materials.

• You understand that offered trip insurance is optional, at your own discretion, and that with or without the purchase of this insurance, CANDLES has no responsibility to, nor does it provide, insurance coverage for medical or other reasons.

• You understand that you are required to complete both a registration form and a confidential medical form. CANDLES, Inc. (Agent) Responsibility:

- All tickets are issued and all other services are offered or provided subject to any and all terms and conditions under which such means of transportation or other services are offered or provided.
- The issuance and acceptance of such services shall be deemed to be consent to the further condition that CANDLES, Inc. shall not be or become liable or responsible in any way in connection with such means of transportation or in connection with other services, or for any loss, injury or damage to or in respect of any person or property howsoever caused or arising.
- Agent reserves the right to alter the itinerary.
- Any extra charges arising from such changes must be met by the Participant.
- Tours and excursions included in the itinerary as part of the "complete" trip package or the "land" trip package are "as is" and may not be substituted with other tours unless deemed necessary for the entire group by Agent.
- By signing this document, Participant agrees to a background check and criminal history check if deemed necessary.
- Agent reserves the right to cancel the tour or to remove any Participant from the tour; its sole liability in such instance being the refund of all monies paid as specified in the trip guidelines.
- By acceptance of trip membership, Participant agrees to the foregoing and also agrees that CANDLES, Inc. maintains no control over the independent suppliers that will be providing accommodations and services as part of the trip.
- Accordingly, the undersigned agrees not to hold CANDLES, Inc. responsible for any loss, damage, injury, or inconvenience which may be caused or contributed to by such suppliers or by any other cause, condition, or event whatsoever beyond the direct control of CANDLES, Inc., nor shall Agent be held liable or responsible for any such occurrence which may take place during Participant's off-itinerary activities.
- The undersigned hereby releases CANDLES, Inc. and its respective officers, directors, employees, volunteers, and agents from any and all liability for claims resulting from any acts or omissions of the independent travel suppliers providing accommodations and services in connection with the trip, or from any other cause, condition, or event beyond the direct control of CANDLES, Inc.
- The Agent reserves the right to make substitutions of features of equal value and similar quality in the event that the proposed services cannot be provided due to cancellation or unavailability of said services.



RESPONSIBILITY STATEMENT (cont.)

Publicity, Media, and Photo Release:

- During the trip, Participants may be photographed or videotaped for promotional, public relations, archival, or advertising use.
- Accordingly, the undersigned hereby authorizes representatives of CANDLES, Inc. and/or other hired and approved trip suppliers to photograph, film, or otherwise record the activities of the undersigned during the trip.
- The undersigned authorizes and consents to the use of any such photographs, films, or recordings for any and all purposes, included but limited to use in publications or presentations during or following the conclusion of the trip.
- The undersigned hereby waives and releases any claims for compensation or liability that the undersigned might otherwise have arising out of or related to such.
- Preceding any use of video, audio, or still recording of CANDLES staff, volunteers, or other trip participants, which is intended for use in for-profit materials or for publicity purposes regarding an individual, program, or product, the undersigned must submit a program/project description and obtain written permission from CANDLES, Inc. and the Participants involved.

Submission, electronic or otherwise, of registration and monetary deposit acknowledges your understanding and agreement with the terms of this statement.

I acknowledge that I have read and understand the above Guidelines for Participation, Tour Pacing Guide, and Responsibility Statement.

Registrant's Signature

Date

Signature of Registrant's Parent/Guardian

Date



RIGA 2024 REGISTRATION FORM



Each individual should complete and return a signed responsibility statement (page 9), a separate registration form (pages 10–11 and 13–14), a copy of your passport (if you are booking the “complete” trip package), and a nonrefundable \$650 deposit. The full payment balance is due no later than March 6, 2024 for all trip packages. Those booking the “complete” trip package (if it becomes available) are required to submit a copy of the passport you will be traveling with to CANDLES no later than March 6, 2024.

Registrant's Information:

Please fill out all fields completely.

(Please circle)

Mr. Mrs. Ms. Other _____ First Name _____ Last Name _____

DOB (mm/dd/year) _____ Gender _____

Preferred First Name (for name badge) _____ Shirt Size (Circle ONE): S M L XL XXL XXXL

Registrant's Address and Contact Information:

Name as it appears on your passport _____

Passport Number _____ Passport Expiration Date _____

Address _____

City _____ State _____ Zip _____ Country _____

Preferred Phone (____) _____ Phone Type: Cell Home Work

Alternate Phone (____) _____ Phone Type: Cell Home Work

Email Address _____

(Please provide the email address that you actively use to communicate. Timely answers are important for efficient and organized planning by CANDLES.)

Payment Options:

- Mail – CANDLES Holocaust Museum and Education Center, Attn: Auschwitz Trip, 1532 South Third St, Terre Haute, IN 47802
- Phone – +1.812.234.7881
- Complete the Credit Card Authorization Form on page 15 and submit with your registration.

CANDLES does not accept checks drawn on foreign banks. Those living outside the U.S. are required to pay via credit card or wire transfer. If paying by wire transfer, there will be a \$20 acceptance fee in addition to any fees charged by the bank initiating the transfer.

- If you make your trip payments entirely via cash or check, you are entitled to a \$100 credit on your account.

RIGA 2024 REGISTRATION FORM (cont.)



Personal Considerations:

Food Allergies _____ Allergy to Dogs? Yes No

Overall Meal Preference:

We make every effort to accommodate our guests, but we can only make special requests (beyond meat or vegetarian options) for food allergies and special circumstances.

Overall preference in restaurants and hotel meals (CHOOSE ONE): Meat Vegetarian Pescatarian

Meeting Location:

Departure Meeting Location: TBD

Communication:

Facebook User (Please circle): Yes No

Hotel Accommodations:

Requested Roommate (optional) _____

All rooms are non-smoking. All hotel accommodations are based on availability.

Type of Accommodation (Please circle):

Private King (\$550 extra fee) Twin Beds (with roommate) King Bed (one king bed – couples room or may be a single if single twin bed rooms are no longer available)

Referral: Did someone refer you to the CANDLES Riga 2024 educational excursion?

If so, who? _____

Independent Travel Arrangements:

Complete this section ONLY if you are purchasing the "land" trip package.

Arrival Information:

Date of Arrival into Riga _____ Time of Arrival into Riga _____

Departure Information:

Date of Departure from Riga _____ Time of Departure From Riga _____

Summary of Services:

Trip Package (required):

_____ ~~"Complete" Trip Package (includes economy class airfare – upgrades not allowed on group fare) – N/A~~
_____ "Land" Trip Package (you are responsible for your own airfare) – \$2,700

Optional Add-On:

_____ Single (private) room supplement (pending availability) – \$550

MEDICAL FORM



Confidential Medical Form:

The information you provide to CANDLES Holocaust Museum and Education Center (CANDLES) in this form will be held in the strictest confidence and will be used only to the extent necessary to provide emergency medical care as needed while abroad and/or evaluate fitness for travel. Please note that this may include sharing your data overseas to any country which you may be visiting as required.

Who should complete this form?

All travelers must complete Sections A, B, and C. If you have indicated that you have a pre-existing medical condition, you are also asked to complete Section D. The more information CANDLES has, the more we may be able to provide medical assistance in the event of an emergency.

Please note that CANDLES will assess the information contained in this form and reserves the right to ask for a physician assessment for any passenger. You should always consult with your physician before embarking on any extensive travel in order to ensure that you are medically fit, especially for an emotionally and physically challenging trip, such as this.

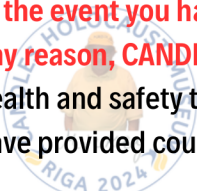
Why do I need to complete this form?

CANDLES asks that you complete this confidential medical report so that all due care may be provided. Travel is intended for persons in reasonably good health and with full mobility. Travelers who are not fit for long trips for any reason, including mobility issues, disability, heart, or other health conditions are advised not to join the tour so as to avoid unreasonable risk to your health. Should any condition become apparent, CANDLES reserves the right to decline, accept, or retain any passenger at any time before or during the trip.

You must provide complete, accurate, and up-to-date information on this form in order to allow CANDLES to safely accommodate you during travel. CANDLES reserves the right to deny anyone who is unable to safely participate in travel. If you do not disclose a condition, infirmity, injury, or ailment herein and are subsequently deemed unfit to travel due in whole or in part to such condition, infirmity, injury, or ailment, CANDLES shall have the right to cancel your travel arrangements with no refund or compensation payable. If there are any changes to your physical/medical condition or otherwise to your responses below after your submission of this form, you must notify CANDLES immediately of the change(s). CANDLES reserves the right to request an up-to-date certification from a licensed physician in the event of such a change. If the information contained in this form is found to be inaccurate as of your date of travel and you have not provided CANDLES with notice of such change(s), your travel may be canceled with no refund or compensation payable. Information provided in this form must be supplied at time of registration.

What happens if I don't complete this form?

In the event you have made a booking with CANDLES and subsequently are unable/refuse to complete this medical form for any reason, CANDLES reserves the right to consider your booking canceled as of that day. It is very important for your own health and safety that you complete all questions fully and truthfully. In the event of a medical emergency, the information you have provided could be crucial.



MEDICAL FORM (cont.)



Section A – General Information

First Name: _____ Last Name: _____

Section B – Medical Information

Please indicate if you have/have had any of the following:

- a. Asthma that affects everyday activities
- b. Stroke
- c. Epilepsy
- d. High blood pressure or blood circulation issues
- e. Heart disease or heart attack
- f. Joint replacement(s)
- g. Gout or arthritis
- h. Back, hip, leg, or foot issues that affect everyday activities
- i. Insulin dependent diabetes

Do you take medications or drugs related to a pre-existing medical condition?

If yes, please specify: _____

If you answered “Yes” to any of questions 1–4 below, please complete Section D of the medical form. If you answered "No" to all, Section D is not required.

1. During the last year, have you suffered any significant illness, major surgeries, or procedures?

If yes, please indicate reason: _____

2. Do you have any physical limitations, handicaps, or prosthesis?

If yes, please specify: _____

3. Do you have difficulty walking/standing or use a device for mobility assistance such as crutches, cane, wheelchair, or other devices?

If yes, please specify: _____

4. Are you affected by any other pre-existing medical conditions not listed above?

If yes, please specify: _____



MEDICAL FORM (cont.)



Please list any medications you are currently using and any medication allergies.

Current Medications (including inhalers, EpiPens, etc.):

Medication/Name	Dosage/Strength	Frequency	Purpose

(Continue with additional list(s) as necessary)

Medication Allergies: _____

Section C – Background Information

Date of birth: _____ Blood type (or indicate unknown): _____

Emergency Contact:

In case of emergency, please contact (not a guest on this trip):

Name: _____ Relationship: _____

Daytime phone: () _____ Evening phone: () _____

Email address: _____

I attest I am in good general health and capable of performing normal activities on this tour. I further attest that I am capable of caring for myself during travel. I certify that I have not been recently treated for, nor am I aware of, any physical condition or disability that would create a hazard to myself or other members of the trip. I agree that should there be any change to the information I have given herein, or to my physical or medical condition, that I will notify CANDLES and, if requested, provide an up-to-date version of this form. I agree that any failure to provide full, complete medical information to CANDLES may result in cancellation of my booking without further compensation payable to me for any loss.



Participant Signature

Date

Parent/Guardian Signature

Date

MEDICAL FORM – SECTION D

SECTION D – MEDICAL RELEASE FORM

If you indicated “Yes” to any of questions 1–6 in Section B, then please complete this section. Part 1 is to be completed by yourself, and Part 2 should be given to your licensed physician to complete. At the bottom of the document, both yourself and the physician must sign the completed document and return it to CANDLES.

Please review the trip details, physical demands, and locations for the various parts of the trip and complete the information below.

Part 1 (to be completed by traveler)

Your Legal First and Last Name: _____

Address: _____

Dates of Travel: _____

Please note information provided here may be forwarded to select parties to ensure a safe and enjoyable tour. All information kept by CANDLES will only be shared with those who need to know.

Part 2 (to be completed by a licensed physician)

These trips are intended for travelers in reasonably good health without potential underlying illnesses or chronic conditions that may require medical attention and/or extensive care causing the traveler to be unable to participate in the tour.

Name of Physician: _____

Phone Number: _____

Email Address: _____

Please list any current medical conditions, infirmities, disabilities, or physical limitations of the patient:

If this patient has major surgeries or procedures at any time during the last year, please list and indicate whether recovery is complete or if there could be lingering issues for the named traveler due to this surgery/procedure.:



MEDICAL FORM – SECTION D (cont.)

Patient has provided the following for my review:

CANDLES Tour Pacing Guide

ADA Accommodations for the Trip

Daily Descriptions of Physical Demands

Do you have any concerns that the patient will be able to handle the necessary physical requirements of this trip?

If yes, please explain further.

I have read and am familiar with the trip details, physical demands, and locations for the various parts of the trip. I am also aware that most locations in Europe are not required to be ADA compliant or equipped with elevators, and that stairwells and rough terrain may pose an increased risk to travelers with mobility issues. With this knowledge, I have considered the suitability of this travel, and to the best of my knowledge, I believe this patient to be physically fit to undertake this trip. I further declare the answers provided above to be accurate, complete, and truthful.

Physician signature: _____ Date: _____

Patient signature: _____ Date: _____





CANDLES Holocaust Museum and Education Center
1532 South 3rd Street
Terre Haute, Indiana 47802
+1.812.234.7881

RIGA 2024 CREDIT CARD AUTHORIZATION FORM



Tripcoordinator@candlesholocaustmuseum.org

Guest's Name:

Amount to be Charged: \$

Cardholder Name: _____

Type of Card _____

Card Number _____

Expiration Date _____

Address of Cardholder _____

Security Code on Back of Card _____

Total Amount to be Charged \$ _____

Phone Number _____

Email Address _____

Signature of Cardholder _____

☐ Use this credit card for all trip-related purchases and payments.

Comments:

Date and Amount to be Charged:

September 19, 2023 \$

October 17, 2023 \$

November 14, 2023 \$

December 19, 2023 \$

January 16, 2024 \$

February 20, 2024 \$

March 6, 2024 TBD