

Introduction

Imagine a holiday spot where families with special needs are fully accommodated: ramps and lifts where they are needed, doorways that work, and lots of fun things to keep everyone happy. Introducing the CPAA's Vacation Villa: a great holiday spot designed for families with and without disabilities!

Our custom-built home in Raymond Shores Resort on Gull Lake, Alberta, is designed with all your needs in mind, available at very reasonable rates and open to everyone.

Come enjoy a community that offers many year-round fully accessible recreation opportunities, including pathways, a playground, beaches and boating, a club house with an indoor swimming pool and hot tub, a store, and of course – great, rolling foothills scenery.

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Eligibility Application

WHILE FILLING OUT THIS FORM, PLEASE KEEP IN MIND THAT THE INTENTION OF THE VACATION WITHOUT LIMITS VILLA IS TO PROVIDE ACCOMMODATION TO PEOPLE WITH CEREBRAL PALSY & OTHER DISABILITIES

Name of Applicant: _____

Date: _____

If it applies, name of person acting for the Applicant and relationship to Applicant:

Age of Applicant: _____ Telephone: _____

Email Address: _____

Mailing Address of Applicant or Guardian: (please include postal code)

Please check off applicable box:

Member # _____ Individual with a disability Senior General Public

If you have checked off *Individual with a disability* and you are not a member, please fill out the below questionnaire for eligibility

Please provide confirmation of your condition completed by a medical professional and submit along with completed application.

1. Please provide a brief description of your disability

2. What considerations do you need in a facility to accommodate your needs?

3. How do commercial accommodations fail to meet your needs?

4. Is this condition permanent? Yes _____ No _____

NOTE:

UPON ARRIVAL, IF THE NATURE OF THE DISABILITY IS NOT CONSISTENT WITH THE INFORMATION PROVIDED ON THE APPLICATION, THE CPAA WILL RESERVE THE RIGHT TO REVIEW AND REVOKE BOOKING PRIVILEGES.

Release Form

(Please print clearly and complete a separate form for each person in your family/group)

Name:	
(First)	(Last)
Address:	Telephone:
City/Town:	Postal Code:
Province/State:	Country:
Emergency Contact	
Name:	Phone:
Under Age 18? (please check)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Waiver and Release of Claims

Please Read Carefully:

In consideration of my reservation and of the Cerebral Palsy Association in Alberta permitting me (my child) to stay at Alberta’s Vacation Villa located at Raymond Shores in the Province of Alberta, Canada (the “**Villa**”) and to make use of the recreational equipment and facilities for rent, supplied, maintained or controlled by the Association (the “**Equipment**”) - as pool lift, hydraulic lift, beach wheelchairs, golf cart, etc. - I, the undersigned, assume full and complete responsibility for any injury or accident that may occur in connection with my (my child’s) use of **the Villa, the pool at the Club House and the Equipment.**

I, on behalf of myself (and my child) and my (my child’s) heirs, executors, administrators, trustees, agents and assigns, hereby **RELEASE, WAIVE and FULLY DISCHARGE** the Cerebral Palsy Association in Alberta, their directors, officers, employees, contractors, volunteers and representatives (collectively the “**Association**”) from any and all liability, claims, causes of action of any kind whatsoever, present or future, whether known, resulting from or arising out of, or incident to, in whole or in part, my (my child’s) or any other parties’ stay at the Villa and use of the pool and the Equipment, **whether or not caused by negligence of the Association**, in respect of any personal injuries, loss of life or loss of property, or any other harm or loss that I (my child) might suffer as a direct or indirect result of my (my child’s) stay at the Villa or the use of the pool and the Equipment.

Further, I acknowledge and agree that:

1. Use of the Equipment carries with it some inherent risks and that use of such equipment may expose me (my child) to uncertain hazards, both foreseeable and unforeseeable.

SIGNATURE: _____ PRINT NAME: _____ DATE: _____

WITNESS SIGNATURE: _____ WITNESS PRINT NAME: _____ DATE: _____

Form must be signed by a parent or guardian for persons less than 18 years old:

SIGNATURE PARENT/GUARDIAN: _____ PRINT NAME/RELATIONSHIP: _____ DATE: _____

WITNESS SIGNATURE: _____ WITNESS PRINT NAME: _____ DATE: _____

1. I understand that it is my responsibility to use the pool at the Club House and the Equipment in a safe manner.
2. I freely and voluntarily assume all of the aforesaid risks and hazards for myself (my child).
3. I **TAKE FULL RESPONSIBILITY** for any damage to the Villa or the Equipment during the time I am (my child is) using the same and commit to return the Villa and/or the Equipment to the condition it was when I arrived.
4. I will **INDEMNIFY AND HOLD HARMLESS** the Association from and against all liability, damage, loss, legal costs or other expenses whatsoever resulting from any act or omission of mine (my child) that causes personal injury, loss of life, or the loss of or damage to property of third party in connection with my (my child's) stay at the Villa or the use of the pool and the Equipment.
5. I understand that by signing this Waiver and Release of Claims, I (my child) will be giving up important legal rights, including the right to sue or otherwise claim against the Association with respect to any matter arising from my (my child's) stay at the Vacation Villa at Raymond Shores Resort, Alberta, and the use of the rented and/or supplied Equipment.
6. I understand that no one is authorized to make statements or representations, either verbally or in writing, which in any way contradict this Waiver and Release of Claims.
7. I have carefully read this Waiver and Release of Claims, that I fully understand it and that I am freely and voluntarily executing the same.

SIGNATURE: _____ PRINT NAME: _____ DATE: _____

WITNESS SIGNATURE: _____ WITNESS PRINT NAME: _____ DATE: _____

Form must be signed by a parent or guardian for persons less than 18 years old:

SIGNATURE PARENT/GUARDIAN: _____ PRINT NAME/RELATIONSHIP: _____ DATE: _____

WITNESS SIGNATURE: _____ WITNESS PRINT NAME: _____ DATE: _____

****Privacy: We respect and will protect your privacy. Personal information will only be used for the purposes indicated on this form****

Rental Agreement

Raymond Shores resort Lot 102 Gull Lake, Alberta T0C 2J0 Phone: 1-800-363-2807

1. CHECK-IN TIME IS AFTER 4P.M. MST AND CHECK-OUT IS 11A.M. MST.
NO Early Check-in or late check-out.
2. This is a NON SMOKING unit.
3. Pets are not permitted in this rental unit.
4. **DAMAGE/RESERVATION DEPOSIT-** A damage/reservation deposit of \$200 is required. Confirmation of your booking will depend on receipt and processing of this deposit. The deposit automatically converts to a security/damage deposit upon arrival. The deposit is NOT applied toward rent; however, it is fully refundable within (14) days of departure, excepting the admin fee of \$25.00, provided the following provisions are met.
 - a) No damage is done to unit or its contents, beyond normal wear and tear.
 - b) No charges are incurred due to contraband, pets or additional cleaning
 - c) All debris, rubbish and discards are placed in appropriate container
 - d) BBQ, kitchen appliances, kitchenware cleaned upon checkout
 - e) All keys are left on the kitchen table and unit is left locked.
 - f) No contents of the unit are lost, damaged or missing
 - g) NO Early check-in or late check-out.
 - h) The renter is not evicted by the owner (or representative of the owner), the local law enforcement, or property Management company at Raymond Shores
 - i) No excessive cleaning is required

Additional charges will be applied in case of property damages over \$200.00. CPAA inspects all accommodations before and after a renter's stay for damage, lost items and cleanliness. Please note that the renter is fully and legally responsible for any charges over and above the collected damage/reservation deposit and the renter hereby authorizes CPAA to attach and collect any additional charges to their credit card. If no charges are incurred, the damage deposit will be released within 14 days after departure.

5. PAYMENT – Full payment of the rental rate is required 5 days before arrival. Please make payments in the form of bank money orders, certified checks, personal cheques or credit card payable to the Cerebral Palsy Association in Alberta.

Please note if paying by cheque, the cheque must be received and processed 5 business days prior to your stay

Signature: _____ Date _____



6. CANCELLATIONS – Notice of Ten (10) business days is required for cancellation. Cancellations that are made more than (10) days prior to the arrival date will incur no penalty. Cancellation or early departure does not warrant any refund of rent or deposit.

7. MAXIMUM OCCUPANCY- The maximum number of guests is limited to eight (8) persons.

8. INCLUSIVE FEES – Rates include a one-time linen-towel setup. Amenity fees are included in the rental rate.

9. NO DAILY MAID SERVICE – While linens and bath towels are included in the unit, daily maid service is not included in the rental rate. We suggest you bring beach towels. We do not permit towels or linens to be taken from the units.

10. RATE CHANGES – Rates subject to change without notice.

11. FALSIFIED RESERVATIONS – Any reservation obtained under false pretense will be subject to forfeiture of advance payment, deposit and/or rental money, and the party will not be permitted to check-in. No person under the age of 18 is permitted to make a reservation.

12. WRITTEN EXCEPTIONS – Any exceptions to the above mentioned policies must be approved in writing in advance.

13. STORM POLICY – No refunds will be given unless:

a. The National Weather Service orders mandatory evacuation during a "Severe storm Warning " and/or

b. A "mandatory evacuation order has been given for a "Severe storm warning " area of residence of a vacationing guest. The day that the National Weather Service orders a mandatory evacuation order in a "Severe Storm warning" area, we will refund:

1. Any unused portion of rent from a guest currently registered,
2. Any advance rents collected or deposited for a reservation that is scheduled to arrive during the "Severe storm warning" period.

I hereby give permission to charge my credit card for the amounts above. I agree that all rental monies are non-refundable per cancellation policy above.

By Signing Below, I agree to all terms and conditions of this agreement.

Signature: _____ Date _____



Credit Card Authorization Form

If you wish to use a credit card for this rental, please provide the following information:

Name on Credit card (Please write it as it appears on card)

Credit Card Billing address:

City _____ Province _____ Postal Code _____

Type of credit Card: Visa / Mastercard / Amex

Credit card number _____

Expiry date: _____ 3 digits Verification Number: _____

Nights _____ Rate: _____

Equipment Rental: _____

Administrative Fee: _____

GST: _____

Deposit: _____

Final balance due: _____

I hereby give permission to charge my credit card for the amounts above (damage/reservation deposit of \$200.00, admin fee of \$25.00, and additional charges if any (i.e. \$7.00 - lost key; \$40.00 – lost remote, etc.). I agree that all rental monies are non-refundable as per cancellation policy above. By signing below, I agree to all terms and conditionals of this agreement.

Signature: _____ Date _____

Subsidy Form

The CPAA provides financial support, using a case-based approach, for members with cerebral palsy for vacations at our custom-built home in the Raymond Shores Resort on Gull Lake, Alberta.

**ALL INFORMATION PROVIDED AS PART OF YOUR APPLICATION FOR FUNDING WILL BE KEPT
CONFIDENTIAL**

If you have questions or would like assistance with this application, please call 403-543-1161 or call our toll-free line at 1-800-363-2807.

APPLICATION CHECKLIST

Please circle the appropriate response.

Yes or No The applicant has been a member of CPAA for at least three months.

Yes or No All questions on the Application Form are filled out.

Yes or No An exact amount of funding has been requested.

Yes or No A letter from a physician is attached or on file with CPAA verifying that the applicant has been diagnosed with cerebral palsy.

Please specify: _____

Yes or No Any additional supporting documentation is attached.

Application Guidelines

1. Our Program assistant reviews your application to ensure that all questions have been answered and that all supporting documentation has been included in your application.
2. If information or documentation is missing, your request is not forwarded to the Subsidy Committee. You will, instead, receive a letter or phone call requesting the necessary information and /or documentation.
3. Complete applications are submitted to the Subsidy committee one week prior to their next scheduled meeting.
4. You will be notified in writing of the Committee's decision of your request.
5. Decisions are as follows:

Approved

Your application was approved. Your subsidy will be applied to the cost of your booking.

More information required

The Committee requests further documentation and/or information in support of your request. Your application is put on hold status until the Program assistant receives the necessary information/documentation. Once the information has been received, your application is resubmitted to the next scheduled committee meeting.

Pending

An explanation as to why your application is pending is provided in your letter (e.g. your request may be assessed favorably by the committee, but our budget may not accommodate your request at that time).

Denied

An explanation of the Committee's decision is included in your letter.

The Subsidy Committee reserves the right to

1. Ask you to provide additional information or documentation with regard to your request.
2. Ask you to cooperate with the CPAA and another agency about the possibility of joint funding
3. Decline your application based on the CPAA's priorities, requirements, and/or other considerations.
4. Not fund the entire amount requested

Subsidy Requirements

1. Persons applying for subsidy must have been a CPAA member for at least three months prior to submitting an application
2. The requested funds must be of direct support to a person(s) who has been diagnosed with cerebral palsy.
3. The person applying for subsidy must demonstrate financial need for subsidy.

Application Process

1. Remember that it takes time to process applications.
2. A letter from a physician is attached or on file with CPAA verifying that the applicant has been diagnosed with cerebral palsy.
3. Include any other documentation that supports your application.
4. Answer all questions on the application form in full.
5. Indicate the exact amount of subsidy that you are requesting on your application.
6. Complete the application checklist and include it in your application.
7. Submit one full copy of your entire application package to the CPAA office.

The Vacation without Limits Subsidy program is funded entirely through the CPAA's own fundraising efforts and from generous donations from members of our community. Our Subsidy Committee is comprised of dedicated volunteers. The Cerebral Palsy Association in Alberta sincerely appreciates their time and effort.

Application Form

This application must be completed in full.

All information provided will be kept confidential.

Personal Information

(1) Applicant's name (who is the funding for?): _____

(2) Date of birth: _____

(3) Mailing address: _____

City: _____ Postal Code: _____

(4) Phone number: _____

(5) CPAA membership number: _____ Expiry date: _____

If the applicant is not the person communicating with CPAA, please provide the following information about the applicant's designate:

(6) Designate's name: _____

(7) Relationship to the applicant: _____

(8) Phone number: _____

Subsidy Information:

(1) Exact dollar amount of subsidy requested: _____

(2) Vacation booking time & number of people: _____

(3) Please explain the reason why you need a subsidy:

(4) Are there any other government departments or funding agencies that may partially fund your request? Please explain your findings and include supporting documentation where available.

(5) To promote the CPAA and its programs & services, would you, your family and/or organization be willing to participate in public relations activities, but not limited to, press conferences, interviews, photo shootings, etc.?

YES () if yes, please initial here: NO ()

(6) Has the vacation been booked and paid for? If yes, please attach a copy of the receipt:

YES () NO ()

(7) Please use this space for any additional information and / or pertinent details you would like to provide (attach an additional sheet if necessary):

Declaration

I agree to abide by the requirements set-out by CPAA. I declare that the information included in the attached application is true and accurate and does not omit any material facts. I certify that the funds will only be used as set forth in this application. Recipients found to not comply with guidelines may be asked to repay funds.

Signature of Applicant/Designate: _____

Date: _____

Contact Information

If you have questions or would like assistance with this application, please contact:

MAIL/FAX COMPLETED SUBSIDY APPLICATION TO:

Vacation without Limits Subsidy Program

Cerebral Palsy Association in Alberta

Life Without Limits Abilities Centre

12001-44 Street SE. Calgary, AB T2Z 4G9

Fax: 403-543-1168