



## **HOLD HARMLESS STATEMENT**

By using the Virtual Dementia Tour® and the products associated therein, the participant, or any other party associated with the participant, assumes all risks associated with the use of the VDT® and agrees to release, hold harmless, and indemnify Second Wind Dreams® Inc. (SWD®) and all associated parties from any and all liability, claims, demands or actions that the participant or any other party may now have or may have in the future for personal injury or property damage arising from the use of the products in the VDT, even if such injury or damage is caused by the negligence of SWD or any participant.

Please be aware that a small strobe light/flashing light is used during the course of this simulation. If you are prone to migraines or seizures, you MUST inform the SWD staff BEFORE you take the tour.

The VDT is the intellectual and proprietary program of Second Wind Dreams. As such, the VDT components utilized during this experience may not be reproduced. Disclosure of or reproduction of the concepts and process of the patented Virtual Dementia Tour will result in legal action taken by the owner of the VDT, Second Wind Dreams.

I give permission for Second Wind Drea in any newsletters, newspapers, television	Constitution of the Consti
Yes	No
This is a simulation of what dementia m dementia including Alzheimer's disease.	
Name: (Please print clearly)	Date:
Signature:	
Organization:	
Address:	
Email address:	Mobile #:





## Community Pre-Tour Survey \_

Please as	nswer all of the que	estions below by	circling your response.					
1.	Do you feel capa	ble of carrying	out simple tasks?					
	Yes	No						
2.	Are you relaxed?	2						
	Yes	No						
3.	3. Do people with dementia get the care they need?							
	Yes	No						
4.	Please check the (Select all that a)		acteristics that have applied to you in the last ten minutes.					
	☐ Pacing							
	□ Negative t	houghts about y	vourself					
	☐ Talked to	self						
	$\square$ Following	others						
	☐ Searching	for lost items						
	☐ Difficulty following directions							
	□ None of th	e above						





## Healthcare Pre-Tour Survey \_\_\_

Please answer all of the questions below by circling your response.									
1.	Do you feel you understand the emotional needs of our elders with dementia?								
	Strongly	Agree	Agre	e N	Neutral	Disagree	Strongly l	Disagree	
2.	From a ph	ıysical	standpoin	t, how c	apable do y	ou feel of car	rying out s	imple tasks?	
	Very Cap	able	Capab	le ]	Neutral	Somewhat C	Capable	Not Capable	
3.	What is your current state of relaxation?								
	Very Rel	axed	Relaxe	ed 1	Neutral	Anxious	Agitated		
4.	. How easy is it for a person with dementia to get through the day?								
	Very Eas	У	Somewha	t Easy	Neutral	Difficul	t Unbe	earable	
5.	In your op	oinion,	do people	with de	ementia get 1	the care they	need?		
	Yes	Some	times	Rarely	No	Never			