

Registration Form

First Name: _____ Last Name: _____

Nickname (Nametag): _____ Date of Birth: _____

Email: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Roommate(s): 1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Pick-Up Location: Traverse City Fife Lake Cadillac Cedar Springs

Checks Payable to: Xpedition Travel

All rates are per person.: (circle one)

Single: \$1251

Double: \$989

Triple: \$945

Quad: \$898

DEADLINES:

Deposit: \$250.00 due at Registration

Balance Due: May 16, 2023

Deadline to cancel with a refund is May 16, 2023. After May 16, 2023, refunds are not available. Travel Insurance is NOT included in the price and must be purchased separately by the traveler.

Travelers Initials: _____



OFFICE USE ONLY

Date: _____ Staff Initials: _____

Total Cost: _____ Deposit Amount: _____ Check #: _____

Balance Due: _____

NOTES: _____



EMERGENCY/MEDICAL INFORMATION (Attach separate sheet if needed)

Emergency Contact Information

First Name: _____ Last Name: _____
Relationship: _____ Phone: _____

Medical Information:

Physician's Name: _____ Phone: _____
Medications: List any prescriptions and/or over the counter drugs: _____

Mobility and Equipment: List any mobility issues and/or equipment/devices you require on tour, including cpap machine, canes, walkers, etc.:

Allergies: List any allergies, including dietary needs:: _____

Please notify the Senior Center of any medical changes prior to travel.

TRAVEL WAIVER

I, _____, in consideration of the valuable programs offered to me as a member of the Grand Traverse County Senior Center Network (hereinafter "Senior Center", Agree to all of the following terms and condition of membership:

(1) ASCKNOWLEDGEMENT AND ACCEPTANCE OF RISKS AND RESPONSIBILITEIS

I understand that participating in any program that involves physical activity or travel, including but not limited to sports, athletic, exercise, wellness, health, entertainment, social, or travel programs, involves certain risks and dangers including serious injury or death. I acknowledge that I am aware of these resist and accept all responsibility for any damages or personal injury that may occur as a result of my participation in such activities.

(2) RELEASE and WAIVER OF LIABILITY

I agree to release Grand Traverse County and all of its elected and appointed officials, employees, volunteers, representatives and agents from any and all liability, claims, demands actions or rights of action, including but not limited to claims for injury, wrongful death, property damage, stolen or lost property, which are related in any way to or are in any way connected with my participation in programs offered to me by the Senior Center.

I also acknowledge that the Senior Center sometimes employs independent contractors to provide it's programs services. The Senior Center does not assume responsibility for the actions of its contractor which and are not employees or agents of the Senior Center. Any damages resulting from their actions are the sole responsibility of the independent program service provider.

I also understand that this release of liability is binding upon not only myself but also my heirs, executors and assigns.

My signature below indicated that I have read this entire document, I understand it completely and agree to be bound by its terms.

Signature: _____ Date: _____