

WAIVER (Please read and sign below.)

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 conditions of membership: (1) ACKNOWLEDGEMENT AND ACCEPTANCE OF RISKS AND RESPONSIBILITIES 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 risks 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 its program services. The Senior Center does not assume responsibility for the actions of its independent program service providers. These program service providers serve as independent contractors 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 grant Grand Traverse County, its representatives and employees the right to take photographs of me and my property in connection with any event. I authorize Grand Traverse County, its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree Grand Traverse County may use such photographs of me with or without my name and for any lawful purpose including for example such purposes as publicity, illustration, advertising and Web content. I release Grand Traverse County, its officers, employees and elected officials, from any and all present or future claims, causes of actions, damages, costs or expenses that any way arise out of, or result from, Grand Traverse County's use of the authorized photo(s) on its web sites. I also understand that this release of liability is binding upon not only myself but also my heirs, executors and assigns. My signature below indicates that I have read this entire document, I understand it completely, and agree to be bound by its terms.

Signature Passenger #1: _____ **Date:** _____

Signature Passenger #2: _____ **Date:** _____

2020 TRIP REGISTRATION

Passenger #1 Name				Name Tag			Birthdate		
Address									
City				State			Zip code		
Phone					Email				
Emergency Contact					Phone				

Passenger #1 Name				Name Tag			Birthdate		
Address									
City				State			Zip code		
Phone					Email				
Emergency Contact					Phone				

Requests Pick up location if other than Traverse City:

DAY TRIPS

All prices are per person and due in full at time of registration. One check per trip only. For all trips listed below, make all **checks payable to Xpedition Travel**. All trips include insurance. Return completed form with payment to: Senior Center Network, 801 E. Front Street, Traverse City, MI 49686.

Spring Mystery Trip	Check #	___ # of Passengers	\$132.00	TOTAL: \$ _____
Frankenmuth Luncheon Show	Check #	___ # of Passengers	\$165.00	TOTAL: \$ _____
Magical Midland	Check #	___ # of Passengers	\$146.00	TOTAL: \$ _____
Art Prize	Check #	___ # of Passengers	\$144.00	TOTAL: \$ _____
Fall Color Tour	Check #	___ # of Passengers	\$141.00	TOTAL: \$ _____
Fall "Brown Bag" Mystery Trip	Check #	___ # of Passengers	\$165.00	TOTAL: \$ _____

EXTENDED TRIPS

All deposits are per person and due in full at time of registration. One check per trip only. *Credit cards accepted. Return completed form with payment to: Senior Center Network, 801 E. Front Street, Traverse City, MI 49686.

Summer Overnight Mystery Check payable to: Xpedition Travel	Check #	___ # of Passengers	\$100.00 (deposit)	TOTAL: \$ _____
Mississippi River Cruise Check payable to: Shoreline	Check #	___ # of Passengers	\$250.00 (deposit)	TOTAL: \$ _____
Laurel Highlands Check payable to: Xpedition Travel	Check #	___ # of Passengers	\$100.00 (deposit)	TOTAL: \$ _____
Croatia and Its' Islands * Check payable to: Collette Tours	Check # <i>Contact Senior Center to make credit card payment.</i>	___ # of Passengers	\$1,135.00 (deposit)	TOTAL: \$ _____
Albuquerque Balloon Fiesta * Check payable to: Mayflower Tours	Check # <i>Contact Senior Center to make credit card payment.</i>	___ # of Passengers	\$400.00 (deposit)	TOTAL: \$ _____

Room Type	Single	Looking for Roommate	Double/Roommate Name: _____
	Triple/Roommate Names: 1. _____ 2. _____		
	Quad/Roommate Names: 1. _____ 2. _____		
	3. _____		

OFFICE USE ONLY

Date Received	Vendor/Date/Sign	MSC	Ins Info Provided	Initials
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Circle which trip you would like to receive more information about once they become available:
2020 Detroit Tigers Baseball Game **2020 Mackinac Island**