

Friends of Boca Grande Community Center

TRAVEL and TRIP RISK ACKNOWLEDGEMENT/LIABILITY WAIVER FORM

**Edison/Ford Winter Estates, Inside the Houses Tour & Lunch
Tuesday, February 4, 2020**

Friends of Boca Grande Community Center sponsors trip activities as a means of expanding the learning experiences at the Boca Grande Community Center. These trips are meant to be enjoyable and to foster new friendships with one another.

NAME OF TRAVELER (S): _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE USED FOR TRAVEL: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBERS: _____

TRIP INFORMATION

Trip Name/Destination: **Edison/Ford Winter Estates, Inside the Houses Tour & Lunch - (One Day Excursion)**

Trip Leader: **Marta Howell**

Travel Dates: **Tuesday, February 4**

Participants are responsible for their own travel to and from the trip destination: _____ Yes; **XX** No

Trip Includes Overnight Stay: _____ Yes; _____ No

Type of Accommodations: _____ Hotel; _____ Other (explain):

Name and phone number of Hotel:

N/A

Itinerary: 9:00am sharp, depart Community Center; 11:00am, Tour the Estates; 1:00pm, Lunch under the pavilion; **2:30pm or 3:00pm**, depart for return trip to Boca Grande.

Description: Inside the Homes Tour & Lunch; explore rooms that are normally "closed" to tours; lunch at the Riverside Property under the pavilion overlooking the Caloosahatchee River

Mode of Travel (Check ALL that apply): _____ Self-Travel/Personal Vehicle; _____ Rental Vehicle; **XX** Commercial Bus/Shuttle; _____ Plane; _____ Train; _____ Water vessel; _____ Extensive Walking/Hiking; _____ Tram/Trolley

Precautions: Check weather before departure; Wear appropriate clothing for venue and proper footwear for walking/activities; Lunch will be under the pavilion, overlooking the river, so dress for outside comfort.

LIABILITY WAIVER / RISK ACKNOWLEDGEMENT

I understand that participation in trip activities could involve risk of physical injury, illness, death or property loss, and the Friends cannot be responsible for assuring the safety thereof. Friends of Boca Grande Community Center, Inc. does not provide health and accident insurance for trip participants, and I understand that any medical expenses, property loss, or other personal expenditures that result during or from this travel/trip, are to be borne by the participant. I also hereby consent, give authorization to, and release from liability trip leaders to secure any emergency medical treatment in event I am unable to, and I agree to be responsible for the costs thereof.

I further acknowledge that, if I drive my own vehicle, or am a passenger in another's private vehicle in connection with this trip/function, that Friends of Boca Grande Community Center, Inc.'s auto insurance does not cover such a private vehicle. I also understand that Friends cannot be responsible for assuring the safety and reliability of such private transportation or driver, nor for any activities and travel that I might choose to participate in before, during or after the Friends sponsored function, and I therefore accept the risks and responsibilities associated with such private vehicle travel and activities.

In consideration of the opportunity afforded, with full knowledge and acceptance of the risks associated with this trip and any recreational activities I may chose to participate in; and with full understanding of the above issues/conditions and risks, I hereby release, indemnify and hold harmless Friends of Boca Grande Community Center, Inc., its staff, directors, officers, volunteers, and agents from all form and manner of risks inherent in, and from all claims, suits and demands of any nature arising from participation in said trip, or activities.

I have thoroughly read and understand the preceding and forgoing information, to include any special risk or recreational risks included with this trip/travel.

I understand that all recreational activities are completely voluntary and based upon my own decision and I acknowledge that I may choose to decline these activities at any time. I hereby accept the associated risks and understand the precautions thereof.

Signature of Participant

Date

Signature of Participant

Date

Optional (for Participant):

Additional Emergency Contact and other Information or Instruction for Emergency purposes:

Participant Special Needs Request: _____
