TRIPS & TOURS EMERGENCY CONTACT

The purpose of this form is to properly prepare the leaders of your trip. Information revealed on this form is considered confidential and it will only be shared with necessary program staff, trip leaders and emergency life-saving personnel. **This form must be signed and submitted to our Trips & Tours office before traveling with Senior Services for South Sound. A new form must be signed and submitted each calendar year.**

TRIP PARTICIPANT	DATE OF BIRTH
ADDRESS, CITY, STATE, ZIP	
EMAIL	PHONE

EMERGENCY CONTACT & INSURANCE

EMERGENCY CONTACT NAME	CONTACT PHONE	RELATIONSHIP

I understand that I am responsible for my own safety, hygiene, and dietary and mobility needs. To assist in meeting these needs, I understand that I may bring a caretaker to accompany and assist me on a trip. I further understand that any accompanying caretaker will be charged the full price of the trip, and their cost must be paid in full prior to the trip. I understand that it is my responsibility to consult with my physician about my ability to participate in this trip(s), and that I may be asked to provide a letter of participation approval from my doctor.

Senior Services is committed to ensuring equal opportunity to individuals with disabilities in compliance with the ADA, state and federal laws. Should you require a reasonable modification to policies, practices, or procedures, please contact the Trips & Tours team. If any of the above information changes leading up to or during the trip, it is my duty to inform the trip leaders so that the changes can be updated.

TRIP PARTICIPANT (PRINT)	**SIGNATURE**	**DATE**

TRIPS & TOURS
RELEASE & WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT

The purpose of this form is to clearly communicate the release of liability, waiver of certain legal rights and claims, and to communicate the assumption of risks. Please read carefully. This form must be read, understood, and signed by any participant in a Senior Services for South Sound event through the Trips & Tours program. Completed forms will be retained for three (3) years after the participant's last trip or from the time of a closed claim.

TRIP PARTICIPANT FULL NAME (PRINT LEGIBLY):_____

WAIVER & RELEASE: In consideration of being permitted to participate in any way in the Trips & Tours program sponsored in whole or in part by Senior Services for South Sound, I, as Participant, myself, my heirs, personal representative or assigns, executors, administrators, or agents do hereby **release, waiver, discharge, and covenant not to bring suit or legal or equitable action** against Senior Services for South Sound, its board members, employees, and volunteers and assigns from any and all obligations, liabilities, demands, claims, costs and expenses, including attorney's fees arising out of or in any way connected with travel, said release to include but not be limited to events resulting in personal injury, accident, or illness, including death and property loss arising from participation in the Trips & Tours program, including those claimed to result from the negligence of the aforementioned parties and which arise out of or are in any way connected with but not limited to any of the following:

A. Any change in the published itinerary of the Trips & Tours program, including the cancellation, abandonment or alteration of the Trips & Tours program at any time or inconveniences thereof of any type or nature.
B. Any and all claims of whatever nature for any injury, loss, damage, accident, delay, irregularity or expense arising from the use of any vehicle or other mode of transportation or services, strikes, war, weather, sickness, quarantine, government restrictions or regulations, or from any act or omission of any steamship, airline, railroad, bus transportation, sightseeing, hotel or any other service or transporting company, firm, individual or agency, or for any other cause whatsoever in connection therewith.
C. Any intentional or unintentional injury, whether or not resulting in death to the participant or to any other person or persons caused in whole or part by the participant or any other participant(s) whether alone or together with or in association with others.
D. Any loss or intentional or unintentional injury or damage to property whether personal, real or mixed, owned or in the custody or possession of the participant or any other person caused in whole in part by the participant, whether alone or together with or in association with others.
E. Any financial or other obligations or liabilities incurred by the participant during the Trips & Tours program.

ASSUMPTION OF RISKS: Participation in the Trips & Tours program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid them. I hereby acknowledge my awareness that my participation may expose me to the risk of personal bodily injury and/or property damage, including injury that may prove fatal. I further understand that the risks that I may encounter include but are not limited to pedestrian, airline crashes, car, van, bus, boat, ferry, or other transportation-related accidents, natural disaster, political unrest, and international or domestic terrorist incidents.

RULES ASSOCIATED WITH TRIPS & TOURS PROGRAM: I agree to follow any and all rules, regulations, or other protocol, policy or procedure for this Trip whether developed by Senior Services for South Sound or other entity or individual associated with the Trip. I will comply with Senior Services for South Sound conduct regulations for members throughout the duration of my participation in the Trips & Tours program, as well as the standards of conduct of any host. I agree that Senior Services for South Sound's Program manager, director or Trip leader shall have the right to enforce appropriate standards of behavior and that I may be dismissed from the Trip at any time for failure to comply with such standards. I agree that Senior Services for South Sound reserves the right to take photographs and film records of any of

their Trips and may use any such recordings, photos, statements or quotes during participation on a Trip for promotional and/or commercial purposes, and I waive and release Senior Services for South Sound for any liability or compensation for the use of my image.

RECREATIONAL ACTIVITIES: I understand that if I engage in outside recreational activities, sports, tours, travel or any other activities during free time on a Trips & Tours program activities that Senior Services for South Sound or its agents or employees or its volunteers assume no responsibility for my safety or any liability for costs or difficulties that I may incur and that I participate in these activities at my own risk.

SEPARATION FROM GROUP: I agree that in the event that I become separated from the group due to failure to meet the group at an assigned time, I will bear all responsibility to seek out, contract and reach the group at its next available destination and I understand that I will bear all the costs involved in contacting and reaching the group.

HEALTH RISKS: I understand and acknowledge that there is an inherent health risk associated with traveling. I agree that I am personally responsible for obtaining all health information, instruction, medical procedures, immunizations and medications appropriate to my intended travel. I recognize that Senior Services for South Sound is not responsible for any of my medical or medications needs and I assume all risk and responsibility therefore.

REPRESENTATIONS CONCERNING HEALTH: With full knowledge of the risks, I represent myself to be in good health and do not have any condition which will interfere with my ability to participate in the Trips & Tours program or endanger my health or safety or the health or safety of other participants. I have valid and current insurance to cover any injury or damage I may cause or suffer while participating in the Trips & Tours program or I otherwise agree to personally bear the costs of such injury or damage. I affirm that it is my responsibility to report all injuries and illnesses as they arise to the Trip leader.

MEDICAL AUTHORIZATION: I, the undersigned, without establishing obligation, hereby give my permission and full authority to Senior Services for South Sound and any of its employees or agents to take whatever action they deem warranted under the circumstances and to act as my agent regarding my health and safety. This authority will permit Senior Services for South Sound, its employees or agent at their discretion to place me at my own expense in the hospital at any point for medical services and treatment or if no hospital is available or if the attending physician deems appropriate, to place me in the hands of a local physician for treatment. I agree that I will be fully responsible for any and all expenses including transportation costs, associated with or in any way related to my medical care; I agree to reimburse Senior Services for South Sound for any such expenses incurred by me and paid by Senior Services for South Sound, and I further agree to hold harmless and indemnify Senior Services for South Sound for any and all actions taken to provide necessary emergency medical care that occurs during the Trip. The undersigned releases Senior Services for South Sound from all liability related to such decisions or actions as may be taken in connection therewith. If I designate an emergency contact in the event of a medical emergency, I hereby authorize Senior Services for South Sound to make such contact as deemed necessary.

CANCELLATIONS AND CHANGES: I understand that the Trips & Tours program reserves the right to make cancellations, changes or substitutions or abandonment in the Travel itinerary, hotels, means of transportation and for other reasons at any time because of emergency, changed conditions or the program manager's determination that such changes or substitutions are in the best interest of the Program or its participants. I understand that Senior Services for South Sound is not responsible for the cost of replacing airline or other tickets if the carrier goes into bankruptcy or is otherwise unable to perform. I understand that the Trips manager or director reserves the right to decline to permit me to

participate or continue to participate in any activity if it judges me to be incapable of meeting the rigors and requirements of participating in the activities or if my actions or deportment impede trip operations or the rights, welfare or enjoyment of other trip members.

REMOVAL FROM TRIP: I understand that if my participation in a Senior Services for South Sound trip for the reasons stated above is terminated by Senior Services for South Sound or the Program manager, I will be sent home with no refund of fees. If I am sent home before completion of the Trip, I agree that I will be responsible for any and all costs and expenses associated with my return home. I also understand that if I leave the Trip voluntarily for any reason, including illness, I will be responsible for any and all costs and expenses associated with my return home and there will be no refund of any fees.

INDEMNIFICATION AND HOLD HARMLESS: I agree to **indemnify** and **hold** Senior Services for South Sound and its board members, employees, volunteers, and agents **harmless** from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought as a result in my involvement in the Trips & Tours program, including transportation, and to reimburse them for any such expenses incurred.

SEVERABILITY: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as permitted by the law of the State of Washington and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

ACKNOWLEDGMENT OF UNDERSTANDING: I have read this **waiver of liability, assumption of risk, and indemnity agreement,** fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** as relates to the Trip to the greatest extent allowed by law.

PARTICIPANT FULL NAME (PRINT LEGIBLY): _____

SIGNATURE: _____ **DATE:** _____