

**\*Reservations complete upon receipt of form and payment.**

## TRIP CONSENT AND RELEASE FORM

TRIP DATE \_\_\_\_\_ TRIP LOCATION \_\_\_\_\_

*By reading and completing details contained within, I attest to the fact that all information provided below is true and accurate.  
My signature at the bottom of this form attests to these facts. PLEASE PRINT CLEARLY*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Primary Residence: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: / Relation: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

Phone(s): \_\_\_\_\_

*Health and medical information for traveler: Please include food allergies, and use of mobility devices such as canes or walkers.*

### - Consent and Release -

I, \_\_\_\_\_ will be a participant in the referenced trip conducted by BONITA TRAVELS (BT). I agree, on behalf of myself, my heirs, executors, administrators and assigns not to make any claims or demands of any kind whatsoever against BT. I agree not to hold BT responsible for any loss or injury I may sustain while engaged in any day or extended trips including transportation, departure sites and sites visited to/from destination.

I understand that neither St. Matthew Seniors That Are Retired (STARS), St. Matthew Catholic Church, nor the Roman Catholic Diocese of Charlotte or Bishop Peter Jugis is affiliated, responsible, liable or endorses in any way the actions or results pertaining to any aspect of this trip prior to, during or following the trip. I will not hold them responsible for any loss or injury occurring within the parking lot or any area of the property.

I authorize calls to 911 for medical attention as deemed necessary by BT or their designee to designate such physician or medical staff to carry out any medical/surgical treatment and/or medication necessary, or to take me to the nearest emergency facility, if I have an emergency medical situation. I further authorize EMT or hospital medical staff to provide any treatment deemed necessary for my well-being and health and understand my emergency contact and/or family member is being notified during the situation. I understand and agree that I will be responsible for the payment of any and all medical services rendered.

I understand and agree that without Travel Insurance, no refunds can be issued prior to or during the trip if I am unable to complete the trip. I can, however, find a replacement to take my place. I also understand and agree that each trip has a minimum quota of registered participants necessary before the trip can take place. In the event this minimum quota of registered trip participants is not reached by the deadline, the trip will be cancelled and refunds will be made to all registrants.

I agree any photographs with me or my image may be taken and posted/published only with the intention of sharing for positive and educational reasons to promote healthy fun and lifestyle for active retirees and empty nesters.

**I agree that the information contained within this Consent and Release form is true and valid. I understand it is my responsibility to alert Trip Leader(s) and BT, in writing, of any updates or changes in medical, emergency contact and/or any information contained herein which may occur while engaged on this trip.**

**Signature of**

**Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Travel Insurance is strongly recommended and included in pricing for all overnight trips. With a minimum of 10 insureds per group trip, a Preferred Insurance Group Travel Plan is offered at a discounted rate of 7.2% X the cost of the trip per person (or a minimum of \$28/pp). Trip insurance premium will be included in initial payment/deposit to BONITA TRAVELS. Traveler's full legal name, date of birth and State of legal residence is required to purchase the policy. (see attached flyer for details)*

**Initial one: "I AGREE TO PURCHASE TRAVEL INSURANCE FOR THIS TRIP \_\_\_\_\_": (or "I decline \_\_\_\_\_")**