

Affordable Adventures

Provided through Woodland Senior Center Inc

Liability & Medical Release Form

Traveler Information:

First Name

Last Name

Phone/Cell

Address

City

State

Zip

Emergency Contact:

Name

Phone/Cell

Relationship

Medical Information:

Doctor Name

Phone

Medical#/Policy#

Special Needs (walker/Wheelchair/physical limitations)? _____

Allergies? _____

On Medications? Yes No

If yes, please list medication & dosage: _____

Anything else we should know? _____

2001 East Street, Woodland, CA 95776 - (530) 661-2001

(Please fill out both sides)

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Cancellation & Refund Policy

- **Full Refund:** All cancellations **must be received 14 days prior** to the scheduled trip in order to receive a full refund.
- **Partial Refund*:** Cancellations **received after the 14-day period** will be subject to a 10% fee to cover our cancellation costs we incur for not cancelling the services in a timely manner (i.e., transportation, hotel reservations, etc.)
- **No Refund:** Cancellations **received 3 days prior** to the scheduled trip **will not** be eligible for a refund.

***NOTE:** Cancellations received after the 14-day period must be for a legitimate reason and be discussed with the trip coordinator, Jan Bello. (**initial** _____)

If you have any questions or concerns, please contact our trip coordinator, Jan Bello at janicebello8845@gmail.com or call her at 707-693-6914

Waiver of Liability, Medical release and Indemnification agreement for adult participant

In consideration of the acceptance of my application for the above trip, I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have as a result of my participation. This release is intended to discharge the City of Woodland, Senior Center, Inc. and its agents and employees and volunteers from and against any and all liability arising out of or connected in any way with my participation in said trip, even though liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I understand that serious accidents occasionally occur during trips and occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of the particular trip for which I have registered, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages.

It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

I agree to accept and abide by the rules and regulations of City of Woodland, Senior Center, Inc and Amador Stages

Traveler's Signature

Print Name

Date

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