

**2027 Individual Trip Registration Form**  
**\*\*A Signed Registration Form Is Required For Each Participant\*\***

**CHECK APPROPRIATE TRIP(S)**

\_\_\_ Savannah-Jekyll Island-April 12<sup>th</sup>-16<sup>th</sup>-Air Trip

\_\_\_ The Best of St. Louis-May 12<sup>th</sup>-15<sup>th</sup>-Bus Trip

\_\_\_ Castles of New York & Finger Lakes-June 13<sup>th</sup>-18<sup>th</sup> -Air Trip

\_\_\_ My Old Kentucky Home-August 4<sup>th</sup>-7<sup>th</sup>-Bus Trip

\_\_\_ Las Vegas & SW National Parks-September 19<sup>th</sup>-29<sup>th</sup>-Air Trip

\_\_\_ Cape May & Philly Christmas-December 7<sup>th</sup>-11<sup>th</sup>-Bus Trip

1. NAME (one per sheet) \_\_\_\_\_

2. ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

3. PHONE #: HOME \_\_\_\_\_ CELL \_\_\_\_\_

4. EMAIL ADDRESS \_\_\_\_\_

5. EMERGENCY CONTACT –SOMEONE NOT TRAVELING WITH YOU

NAME \_\_\_\_\_

PHONE#: HOME/WORK \_\_\_\_\_ CELL \_\_\_\_\_

6. ROOMING WITH \_\_\_\_\_

7. DOUBLE OCCUPANCY BED REQUEST (circle one):      1 BED      2 BED

8. **AIR TRAVELERS ONLY NEED COMPLETE:**

EXACT NAME AS ON DRIVER'S LICENSE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ KTN# (if applicable) \_\_\_\_\_

**SEE REVERSE SIDE FOR ADDITIONAL DISCLOSURES AND REQUIRED SIGNATURE**

I acknowledge a deposit is due with registration of multi-day trips and payment in full is due with registration of day trips. The deposit for multi-day trips is fully refundable until the stated final payment due date for each trip. After the final payment due date, monies are non-refundable. The final payment due date for each multi-day trip is stated in the trip brochure and on the THCC website. TRAVEL INSURANCE IS AVAILABLE ON ALL MULTI-DAY TRIPS.

**Troy-Hayner Cultural Center & The Friends of the Hayner, Inc.  
Acknowledgment and Assumption of Risk and Liability  
Release of Liability and Waiver of Legal Rights**

This is an important document, please read it carefully before signing.

Troy-Hayner Cultural Center (THCC), The Friends of the Hayner, Inc (FOH), and the Trip Hosts engaged by THCC or FOH (Trip Hosts) manage trips to the best of their abilities. Please know that our first priority must always be your safety and the safety of other participants on a group trip. Our aim is for you to be totally happy with your trip experience. We ask that you read this to gain an understanding of risks, our terms and conditions for participation and your obligation as part of the group. Acceptance of these terms and conditions is a condition of your participation in any and all trips.

Trip participants are responsible for their own safety and must show consideration for the safety of other participants. I agree to take full responsibility for my own actions, safety, and welfare. We will travel as a group, cooperate as a team, and look after each other during the trip. The Group Leaders have authority to make the final decision in any situation. The Group Leaders reserve the right to cancel or alter any itinerary at any time if the Group Leaders judge it necessary.

I understand that my participation in this trip is at my own risk and I hereby agree to indemnify, hold harmless, and release THCC, FOH, Group Leaders, Trip Hosts and their present, former, and future officers, directors and employees from all actions, suits, claims and demands that I or my heirs, executors, agents, administrators or assigns have or may claim to have, whether known or unknown, arising out of my participation in this trip. I understand that any and all additional expenses incurred, such as but not limited to, medical visits due to illness or injury, prescriptions, extended accommodations, return travel and any other associated costs will be my sole responsibility. I understand that no portion of the trip cost will be refunded if I am not able or permitted to travel with or participate in itinerary activities with the group.

**I HAVE READ THIS ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RESPONSIBILITY, RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND FULLY UNDERSTAND ITS CONTENTS. I ENTER INTO IT OF MY OWN FREE WILL**

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**Signature of Participant**

**Date**

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**Print Name of Participant**