

Lake Gaston Baptist Church Adventurers Trip Reservation Request

Trip: 2018 SENIORFEST Beginning Date 3/20/18 Ending Date: 3/20/18

By submitting this signed **Reservation Request**, the completed and signed **Lake Gaston Baptist Church Release, Waiver and Indemnity – Use of Transportation Equipment** form on the reverse side, and the required **pre-payment** for this trip, you are agreeing to the terms and conditions set forth below:

1. Reservation Requests will be handled on a first come first served basis.
2. **Day trips** must be paid for in full at time your Reservation Request is turned in. There will be no refunds for cancellation unless we can fill your spot.
3. **Overnight trips** will be reserved upon receipt of this signed Reservation Request, the signed "Lake Gaston Baptist Church Release, Waiver and Indemnity – Use of Transportation Equipment" form on the reverse side, and the necessary down payment for this trip. If you cancel more than two months before departure there will be a cancellation fee of \$50; any payments, you made above that amount will be refunded. There will be no refunds for cancellations made two months or less before trip departure date unless you find someone to purchase your space.
4. If you have trip insurance, you are responsible for handling any claims.
5. The Lake Gaston Adventurers is a senior adult Christian outreach to our community and ministry within the church subject to the guidelines of the Lake Gaston Baptist Church By-laws and Policies and Procedures Manual. Your conduct will be in keeping with a Christian atmosphere at all times.

Printed Name

Signature

Date

Your Name _____

Attending Spouse: _____

Address: _____

Mailing Address (if different): _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Emergency contact person: _____ Relationship: _____

Emergency contact phone: _____

Person you want to room with for double occupancy rates: _____

Special requests: _____

Questions: Call Michele Updike at (252) 535-4519

TO BE COMPLETED BY AUTHORIZED DRIVE:

The intended dates of this transportation use are: Beginning Date: _____ Mileage: _____

Ending Date: _____ Mileage: _____

This certifies that I have made a visual inspection of the vehicle to include checking all the lights, tires, fuel levels, and find them in good working order.

Signature of Authorized Driver: _____ Printed Name of Authorized Driver: _____

SEE RELEASE FORM ON REVERSE SIDE

For Adventurers Use Only:

Amount Rec'd: _____ Date Rec'd: _____ Form of Payment _____

Lake Gaston Baptist Church Adventurers Trip Reservation Request

Release, Waiver and Indemnity - Use of Transportation Equipment

Note: This form **must be completed** by all parties riding on any Lake Gaston Baptist Church (LGBC) bus, van or other transportation. It must be signed by:

1. All adult passengers.
2. Parents or Guardians of all minor passengers.

ACKNOWLEDGEMENT OF RISKS

The undersigned individual acting for themselves or as the parent(s) or legal guardian of the minor listed below (Collectively the undersigned and the minor are hereafter referred to as the "Participant".) desires to utilize LGBC transportation vehicles. The Participant understands and acknowledges that use of such vehicles might have inherent risks - including but not limited to physical injury, mental injury, emotional injury, wrongful death, or property damage as well as risks from other unknown dangers and hazards which may arise in the course of Participant's use of the LGBC transportation vehicles.

RELEASE, WAIVER AND INDEMNITY

In consideration of Participant being allowed to utilize the LGBC transportation vehicles, the undersigned agree, for themselves, their heirs and their personal representative(s) and on behalf of any Minor, to defend, hold harmless, indemnify, release and forever discharge, to the broadest extent allowed by law, LGBC or its officers, agents, employees, volunteers, affiliated entities, insurers, agents, successors or assigns (collectively referred to as "LGBC") from and against any and all claims, demands, actions, or causes of action on account of any personal injury or damage to real or personal property or death or any other risks mentioned, implied or presumed herein.

Participant hereby certifies that they (and/or on behalf of the Minor) have adequate insurance to cover any injury or damages which may be caused by Participant or which Participant may suffer while taking part in and utilizing the LGBC transportation vehicles or else Participant agrees to bear the costs of such injury or damage.

Participant certifies that they (including on behalf of the Minor) assume the risk of any medical condition(s) or physical condition(s) they (including any Minor) may have.

Do you have any allergies? _____

Physical limitations? _____

The Participant has read this release, acknowledges they fully understand it and that it is legally binding and that if any portion of this release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Printed Name
Date

Signature

Your name _____

Attending Spouse _____

SEE TRIP RESERVATION REQUEST ON REVERSE SIDE

Questions? Call Michelle Updike at (252) 535-4519