

TRAVELER TRIP INFORMATION & LIABILITY FORM

Trip Details (MANDATORY)

Name of Trip: _____ Date of Trip: _____

Traveler Information (this information is MANDATORY and required for participation)

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email Address: _____

Communication Notice (EMAIL ADDRESS IS REQUIRED)

We will be sending important trip information, updates, and instructions by email.

We will not be making phone calls.

Please check your email regularly prior to the trip.

Who are you sharing a room with? _____

Emergency Contact Information (this information is MANDATORY and required for participation)

Emergency Contact Name: _____

Relationship: _____ Emergency Contact Phone Number: _____

Medical & Safety Information (Optional)

Medical Conditions we should be aware of: _____

Allergies (food, medication, environmental): _____

Mobility considerations: _____

Medication Responsibility Statement: Participants are responsible for managing, storing, and administering their own medications. Senior Center staff cannot handle, store, or dispense medications at any time.

Physical Ability Acknowledgment

I understand that this trip may require periods of walking, standing, navigating steps, uneven ground, or boarding and exiting vehicles. I acknowledge that I am responsible for navigating the trip on my own or with assistance from the individuals I am traveling with.

Trip Cancellation & Refund Policy

If a trip is canceled by the partnering senior centers, you will receive a full refund. If you cancel after the posted cancellation deadline, no refund will be issued unless there is a waiting list and the partnering senior centers are able to fill your spot.

Liability Disclaimer

I understand that travel involves risks. By participating in this trip, I agree that the Ashtabula County Council on Aging (ACCOA) and all partnering senior centers, along with their employees, volunteers, board members, and drivers, are not responsible for any injury, accident, illness, or loss of personal items during travel or at the event. I participate at my own risk.

Participant Signature (MANDATORY) (parent signature, if under the age of 18)

Participant Signature: _____ Date: _____

For Office Use Only:

Receipt: Date: _____ Number: _____ Entered into SchedulesPlus Date: _____