## RRWC Evening Trip – Dallas Arboretum – November 29, 2018 Trip Registration, Emergency and Waiver Form

| RRWC Member Name:                          |  |
|--|--|
| Home Phone:                                |  |
| Cell Phone:                                |  |
| I would like to ride the bus with:         |  |
| (please print first/last name of           | 1  |
| RRWC Member)                               | <b>NOTE:</b> Bus mates must register and pay at the same |
|  | time. Names listed but not registered and paid by        |
|  | October 25 are not guaranteed a spot.                    |
| <b>Special needs?</b> (Allergies, handicap | ☐ Vegetarian meal  |
| accommodations or special dietary          | ☐ Gluten fee meal  |
| requirements).                             | □ Other:   |
| Motion Sickness                            | ☐ Please reserve one seat for me at the front of the bus |
| Email: This e-mail address will be         |  |
| used to communicate any last minute        |  |
| information.                               | Email:   |
| 11/29/18 Emergency Contact:                |  |
| Do not list RRWC member who is             | Name:  |
| attending the day trip with you.           | Relationship:  |
|  | Phone #:   |
| Doctor's Name and Number:                  |  |
| (Optional)                                 | Name:  |
|  | Phone #:   |
|  |  |
|  |  |
|  |  |
|  |  |

Agreement of Liability: I realize that there are risks involved in participating in the November 29, 2018 evening trip organized through the Robson Ranch Women's Club, including services delivered by the following vendors: bus transportation provided by Premier Transportation Services and tour provided by Dallas Arboretum and Botanical Garden. Furthermore, I accept full responsibility for any injury or accident to myself. I hereby waive any and all claims against the Robson Ranch Women's Club and the vendors providing services for this evening trip, their agents, and employees from and against any and all liability arising from my participation in the trip. By signing this, I agree to the above statements regarding liability.

| Signature: | Date: |  |
|------------|-------|--|
|            |       |  |