

Koziar's Christmas Village Bus Trip Application

Name of Applicant	Street Address of Applicant	
City, State, Zip Code	Phone	e-mail
<input type="checkbox"/> Upper Mt Bethel Township (check one) <input type="checkbox"/> Lower Mt Bethel Township <input type="checkbox"/> Portland Borough <input type="checkbox"/> Other	<input type="checkbox"/> Total Number of Persons You are Registering	Note: All Registrants must sign the Liability Waiver
Group Information	Liability Waiver	Trip Information
Name, address, Phone No. of Each Person in Your Group 1. _____ _____ I have read and agree with the liability waiver. _____ Signature	In consideration for permission to participate in the bus trip to the Longwood Gardens organized by Upper and Lower Mount Bethel Townships to be held on July 29, 2017 (hereinafter referred to as "the bus trip event"), the undersigned individual, on behalf of registrant (hereinafter referred to as "Releaser"), hereby releases, waives, discharges and covenants not to sue Upper and Lower Mount Bethel Townships, their officers, employees, and agents (hereinafter collectively referred to as the "Townships") from any and all liability to Releaser for any loss or damage, and for any claims on account of personal injuries and/or property damage caused by the negligence of Releaser while Releaser participates in the bus trip event to Longwood Gardens aforementioned. Releaser hereby agrees to indemnify and save and hold harmless the Townships, their officers, employees, and agents and each of them from any loss, liability, damage, costs or reasonable attorney fees that may be incurred while participating in the bus trip event, including, but not limited to, arrival and departure to and from Lower Mount Bethel Township and Longwood Gardens, late arrival at pickup locations, participation and activities at venues located within West Chester and Kennett Square, Pennsylvania such as the visit to Longwood Gardens and any drink, food, or retail establishments within Pennsylvania. Releaser hereby assumes full responsibility for any risk of bodily injury, death or property damage due to the negligence of Releaser during the participation in the bus trip event; and Releaser warrants and represents that he/she carries Medical and Liability Insurance for any personal injuries, and/or property damage or loss that may arise due to the negligence of Releaser during the bus trip event.	<p style="text-align: center;">**IMPORTANT INFORMATION**</p> <p style="text-align: center;"><i>UPPER MOUNT BETHEL TOWNSHIP, LOWER MOUNT BETHEL TOWNSHIP AND PORTLAND BOROUGH ARE JOINING TOGETHER FOR A BUS TRIP</i></p> <p style="text-align: center;">KOZIAR'S CHRISTMAS VILLAGE SATURDAY, DECEMBER 23, 2017</p> <p style="text-align: center;">COST:</p> <p style="text-align: center;">\$33.00 PP FOR ADULTS \$19.00 PP 12 AND UNDER CHILDREN UNDER THE AGE OF 5 ARE FREE</p> <p style="text-align: center;"><i>**Children under the age of 18 must be accompanied by an adult**</i></p> <p style="text-align: center;"><i>PRICE INCLUDES THE ROUND-TRIP BUS FARE AND ADMISSION TO KOZIAR'S CHRISTMAS VILLAGE.</i></p> <p style="text-align: center;">BUS WILL ARRIVE AT 3:00 PM AT THE UMBT FIRE HALL 2341 N DELAWARE DR. MT BETHEL AND WILL DEPART FOR KOZIAR'S CHRISTMAS VILLAGE AT 3:30 PM</p> <p style="text-align: center;">5:00 PM ARRIVE AT KOZIAR'S CHRISTMAS VILLAGE</p> <p style="text-align: center;">7:30 PM BUS WILL DEPART KOZIAR'S CHRISTMAS VILLAGE FOR HOME</p> <p style="text-align: center;">9:00 PM ARRIVING BACK AT UMBT FIRE HALL</p> <p style="text-align: center;">TRIP IS OPEN TO EVERYONE!</p> <p style="text-align: center;">SEATING IS LIMITED</p>
2. _____ _____ I have read and agree with the liability waiver. _____ Signature	6. _____ _____ I have read and agree with the liability waiver. _____ Signature	
3. _____ _____ I have read and agree with the liability waiver. _____ Signature	_____ _____ I have read and agree with the liability waiver. _____ Signature	
4. _____ _____ I have read and agree with the liability waiver. _____ Signature	_____ _____ I have read and agree with the liability waiver. _____ Signature	
5. _____ _____ I have read and agree with the liability waiver. <input type="checkbox"/> <input type="checkbox"/> _____ Signature	_____ _____ I have read and agree with the liability waiver. <input type="checkbox"/> EMERGENCY CONTACT INFORMATION NAME : _____ PHONE: _____ RELATIONSHIP: _____ IMPORTANT HEALTH INFORMATION OR SPECIAL NEEDS: _____	
Note: Each person in your group must sign the liability waiver.		
For Office Use Only		
AMOUNT PAID	CHECK #	CASH DATE

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