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Director Elaine McNamara



2017 Senior Center Bus Trips

DUE AT REGISTRATION			
MEMBER OF MANALAPAN SENIOR CENTER? _	(YES)	(NO)	
(If n	not you need to r	egister!)	
ADDRESS			
PHONE NUMBER			
Thurs. 8/10/17 Valley Forge National Historic P	Park		
& QVC Studio Tours			
Seating Preferences:			
Emergency Contact Information:			
Name			
Relationship to you:			
Phone Number:	Т	o be filled in by staff:	

Amount Due:	
Receipt #:	
Waiver Completed:	
-	(√)

PLEASE TURN THIS FORM OVER AND COMPLETE THE WAIVER ON THE BACK.

TOWNSHIP OF MANALAPAN

RELEASE/WAIVER OF LIABILITY

TRIP/ACTIVITY: Valley Forge & QVC Tour**DATE:** August 10, 2017

- 1. I understand and agree that my participation in the activity of the Manalapan Township Senior Citizen Center or bus trips sponsored by Manalapan Township listed above will present certain risks and hazards depending on the specific nature of the activity or trip involved.
- 2. I understand and agree that it is my responsibility to determine the nature of the trip or activity in which I am to participate; the degree and level of physical activity that will be necessary in order for me to participate in said activity.
- 3. I am fully aware of the risks, hazards and level of physical activity required to participate in the above listed activity and I hereby represent to the Township of Manalapan Senior Citizen Center or bus trips sponsored by Manalapan Township that I am physically able to fully engage and fully participate in this activity.
- 4. I understand and agree that neither the Township of Manalapan nor the Manalapan Township Senior Citizen Center or bus trips sponsored by Manalapan Township requires me to participate in this activity. I voluntarily assume full responsibility for any risks of loss, personal property damage that may be sustained by me, or any loss of damage to property owned by me, as a resolute of being engaged in such activity.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act and deed.

PARTICIPANT:

DATE:_____

Printed Name

Address