

TOWNSHIP OF MANALAPAN

SENIOR CITIZEN CENTER

120 Route 522 • Manalapan, NJ 07726 • 732-446-8401 • Fax 732-446-2564

Website: www.mtnj.org

Email: seniorcenter@mtnj.org

Director
Karen Pimentel



To be filled in by staff:

Receipt #: _____
Waiver Completed: _____ (✓)

2025 TRIP REGISTRATION
Payment due at registration

Registration will take place on Wednesday, July 16 from 9:00am – 9:30am
at the Manalapan Township Community Center or the Covered Bridge Clubhouse

Are you a member of the Manalapan Senior Center?

Yes ☐ No ☐ (If not, you will need to register first)

Name: _____ Address: _____

Phone Number: _____ Email: _____

Emergency Contact Name: _____ Relation: _____

Emergency Contact Phone Number: _____

____ Thurs. 9/4/25 11:00 am Playhouse Deck Restaurant, New Hope, PA
1:30 pm Show at Bucks County Playhouse, "She Loves Me"

Cost: \$105.00 Checks Made Payable To: Manalapan Senior Center

Cancellation & Refund Policy: Tickets are not transferable. If you cancel your trip, a refund will be issued only if your vacated seat is sold to a registered member of the Manalapan Senior Center who is on the waiting list.

Pickup at:

____ Covered Bridge Clubhouse 9:15 am

____ Manalapan Township Municipal Complex 9:30 am

*Bus returns to Manalapan at approximately 6:00 pm

Bus partner/seating preference: _____

Table partner/seating preferences: _____

PLEASE COMPLETE WAIVER ON THE REVERSE

2025 TOWNSHIP OF MANALAPAN
RELEASE/WAIVER OF LIABILITY

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 and that my photo may be taken and used on social media platforms.
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 result of being engaged in such activity. In addition, I agree to abide by the Township trip rules. **I agree to treat all members, staff, and others with dignity and respect.** If such rules are not followed, the Township reserves the right to revoke privileges.
5. COVID Waiver: While participating in events held or sponsored by Manalapan Township, consistent with CDC guidelines, participants are encouraged to practice hand hygiene, "social distancing" and wear face coverings to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, Manalapan Township has put in place preventative measures to reduce the spread of COVID-19. However, Manalapan Township cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19. Please do not attend the program if you feel ill.
6. I understand that tickets are not transferable and that if I cancel my trip a refund will be issued only if my vacated seat is sold to a registered member of the Manalapan Senior Center who is on the waiting list.

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:

9/4/2025 Bucks Cty. Playhouse: _____
(Print Name)

Signature: _____

Date: _____ Address: _____