



Travel Registration Form

Date: _____ Overnight Trip _____ Day-Away Trip _____ Date of Birth D/M/Y _____

Trip: _____ Trip Date: _____

Name: _____

Address: _____

City _____ State: _____ Zip _____ Email: _____

Cell #: _____ Home #: _____ Work #: _____

Medical Insurance Co. & Contract #: _____

Primary Doctors Name: _____ Phone #: _____

Medications: _____

(Use separate sheet of paper, if necessary and attach)

Special Needs: _____

Emergency Contact: _____ Relationship: _____

Phone # _____

Single Double Requested Roommate: _____

Make Checks for **TRIPS** payable to: **PARA**

Insurance amount should be included in the deposit check at the time of registration

Mail check to: PARA- McAbee Activity Center, 3801 Loop Road, Tuscaloosa, AL 35404

Cancellation: We strongly recommend cancellation insurance for any overnight trips you are booking. Be sure to ask for a brochure when you make your deposit. **Note: if you purchase the insurance within 14 days of making your deposit, ALL PRE-EXISTING CONDITIONS ARE WAIVED.**

Tuscaloosa County Park and Recreation Authority (PARA) will not be liable for any expenses, loss, damage, delay or failure to perform which is the result of an act or omission of a third party contractor supplying services on the tour, including, but not limited to aircraft, train, motor coach, automobile or hotel, food or sightseeing services, or when caused by fire, flood, strike, acts of civic or military authorities, or the insurrection or riot, or by any other cause that is unavoidable or beyond its control or in any event for consequential damages. PARA reserves the right to cancel or withdraw any tour prior to departure and to decline to accept or retain any person as a member of a tour if their actions impose upon or disturb the other members of the tour. The right is also reserved to amend the itinerary, or any scheduled services or accommodations, for the benefit of the members of the group and other reasons.

Schedules and fares are subject to change without notice.

By my signature below, I certify that I have read, understand and accept the terms of the cancellations and responsibility paragraphs above and that I hereby release Tuscaloosa County Park and Recreation Authority (PARA), its officers, employees, tour guides and representatives, from any claim, loss, damage or expense that I may incur as a result of any accident or illness while I am participating in a Tuscaloosa PARA tour I shall be responsible for all medical expenses incurred by me and I hereby authorize any necessary hospitalization and medical treatment while I am a member of any Tuscaloosa PARA tour or trip.

Signature: _____

Date: _____

Witness: _____

For Office Use Only

TRIP NAME: _____ COST: _____ DEPOSIT AMOUNT: _____

INSURANCE COST: _____ INSURANCE PAID: _____ DECLINED COVERAGE DATE: _____

Date: _____ Receipt #: _____ Deposit Paid: _____ Balance Due: _____

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Notes: _____
