

# Registration Form

Name \_\_\_\_\_ Date of Birth (DOB) \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ E - Mail Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

## Tour Information

Trip Name \_\_\_\_\_ Course # \_\_\_\_\_

Tour Date(s) \_\_\_\_\_ Tour Cost \$ \_\_\_\_\_

Motor Coach Seating Preference - Front \_\_\_\_\_ Rear \_\_\_\_\_

Traveling with \_\_\_\_\_

I use a: Cane \_\_\_\_\_ Walker \_\_\_\_\_ Foldable Wheelchair\* \_\_\_\_\_ Motorized Wheelchair\* \_\_\_\_\_

\*The wheelchair needs to be secured inside the bus: Yes \_\_\_\_\_ No \_\_\_\_\_

I require a companion animal (read below) ☐

Only a service or companion animal required for a disability accommodation is allowed on the trip. Some animals may not be able to be accommodated on the bus based on size or type, or the number of animals on the bus. All service animals must be trained and all animals must be well-behaved, under leash or voice command control, at all times, not disruptive to the driver or other passengers, and the owner is responsible to clean up after their animal and pay for any damages caused by their animal. The City is also not responsible if the businesses where the trip will tour cannot accommodate your animal inside their premises. Only animals that have been pre-approved are allowed on the bus. If you need to bring your service or companion animal on this trip, please list below the type and size of the animal.

Type and size of companion animal \_\_\_\_\_

Meal Choice (please specify if applicable) \_\_\_\_\_

Trip Departure Location: **Arden** **Belle Cooledge Library** **North Natomas Regional Park**

Please confirm your trip departure location is a valid option for the trip you are selecting.

## Payment Information

Amount Paid at time of reservation \$ \_\_\_\_\_

Name of Person Paying (if different from passenger) \_\_\_\_\_

Payment Method is - Personal Check Cash Money Order Credit Card

**Please make all checks payable to:**  
**City of Sacramento**

## Important Information & Release

**Each passenger must complete and sign a Registration Form and COVID-19 Release and Waiver form.** Spouses may use one form and sign for each other. Programs subject to change or cancellation. An itinerary with pick up times will be sent approximately 7 to 10 days prior to date of trip. No refunds or credits.

**Only two disabled persons requiring use of a wheelchair can be accommodated on each trip due to limited space on the bus.** Disabled persons requiring such an accommodation will be selected based on the date of their registration.

**Passengers requiring the use of a walker must be able to fold it** so that it can be stored and does not block the aisle.

## Release

I understand that serious accidents occasionally occur during recreational travel programs. Knowing the risk and in consideration of being permitted to participate in City of Sacramento travel programs, I agree to assume all risks connected therewith. I agree to release and discharge in advance the City of Sacramento, its officers, employees, volunteers and agents from any and all liability for personal injury, death or property damage connected with my participation, even though that liability may arise out of their negligence or carelessness. This release shall remain in effect until revoked in writing.

Passenger's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Mail this Reservation Request to:** Hart Senior Center , Trips & Tours, 915 27th Street, Sacramento, CA 95816 / For more information, please phone (916) 808-5462