**Senior Box Office Travel TRIP RESERVATION FORM** **Emergency Phone Day of Trip Only 410-967-3310**

**Trip Name**_____ **Trip Date** _____

**No** ___ **Reservations @ $**_____**each** **Amt. Check Encl.$**_____

**Your Name** _____ **Phone No.** _____

**Complete Address , including Zip**_____

**Companion's Name** _____ **Phone No.** _____

**Complete Address , including Zip**_____

**Emergency Name & Phone No.**_____

**Pickup Point Choice** _____ **Meal Choice** _____

**Restrictions/Disabilities:** _____**(see reverse)**_____

I do hereby release the Baltimore County Department of Aging (BCDA), Baltimore County, its employees, agents and officials, the Senior Box Office, its Travel Committee and its representatives from any liability should I be injured or in any way harmed while participating in the above trip.

_____
(signature)

Note: Please include a **separate check** and a **self addressed stamped envelope** for each trip to Senior Box Office Travel, 1801 Glen Keith Blvd., Baltimore, MD 21234. (410-882-3797) Please also remember that signing each check certifies that the check signer has agreed with the registration, cancellation, and refund policies defined by SBO for trip reservations.

**SBO Member ? Yes** ____ **No** _____ **Email:** _____

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FOR SBO Travel Use Only: **Seat Assignment** _____ **Leader** _____ **Phone No. 410-**_____**-**_____

**Departure Time** _____**From**____**Timonium Park & Ride (lot closest to Padonia Rd.)**
____**Carney Park and Ride**

_**(cut here)**_ **(cut here)**_ **(cut here)**_____

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## Travel Assistance and Liability Form

BCDA, Senior Box Office and its Travel Committee members cannot be held liable for any accidents, delays or changes to the travel itinerary.

In compliance with the Americans with Disabilities Act, BCDA/Senior Box Office will make reasonable efforts to accommodate the needs of all travel program participants upon request. Requests for accommodation must be received far enough in advance of the trip to allow SBO Travel to make accommodations with our providers. In most cases, that will be 20 to 30 days prior to the trip. Travel committee members/trip hosts/staff cannot provide individual assistance to a participant with special needs for walking, listening, seeing, dining, toileting, bathing or other personal needs. It is strongly recommended that persons requiring assistance be accompanied by a companion who is capable of, and totally responsible for, providing the assistance. Travel committee members/trip hosts/staff cannot physically lift or assist participants, push wheelchairs, guide or interpret. Depending on venue, not all destinations may accommodate wheelchairs, and some activities may require extensive standing, sitting or walking. BCDA/Senior Box Office is not responsible for any missed activities due to a participant's inability to participate with the group. Some destinations require tour buses to leave by a designated time or be fined; in the event that an individual is late for the departure time they must find their own transportation home.

I understand that BCDA's Rules of Participation govern participants on trips and activities held outside the SBO building.

I have read and understand these policies and procedures. I understand that failure to comply with the above policies and procedures may limit my ability to participate in future trips or may require that I travel with a companion on future excursions.

_____ _____
Signature of Member or Legal Guardian** Date

_____ _____
Signature of Senior Box Office Staff/ Date
Travel Volunteer Upon Receipt

** If another individual is being asked to sign this release in place of the member, the individual must have legal authority to do so and documentation indicating such must be attached.

---

FOR SBO TRAVEL COMMITTEE USE ONLY:

**Date check received _____ Check No. _____ Amount $ _____**

**Acknowledgement _____ Date _____ by _____**


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