



TRAVEL & TRIP RISK ACKNOWLEDGEMENT/LIABILITY WAIVER FORM

Friends of Seymour Library Bus Tour
New York Botanical Garden (Day Trip)
Saturday, June 15, 2024

NAME OF TRAVELER (S): _____

HOME ADDRESS: _____

City: _____ State: _____ Zip _____

CELL PHONE USED FOR TRAVEL: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER (S): _____

TRIP INFORMATION

7:00 am: Pick up at Seymour Library, 176 Genesee Street, Auburn, NY 13021.
(approx. 5 hours depending on traffic) Bring your lunch or snacks to eat on the bus.

12:00 - 12:30 pm: Arrive at New York Botanical Garden, 2900 Southern Blvd, Bronx, NY 10458.

1:15 - 2:15 pm: Wonderland Guided Tour. Meet-up location tbd.

3:30 - 5:00 pm: Free time to explore including 30 min tram tour, gift shop, food.

5:30 pm: Load Bus & Depart. **Participants must be back to the bus by 5:30 pm.**

10:30 pm: Return to Seymour Library. (approx. 5 hours depending on traffic)

PRECAUTIONS: Check weather before departure; wear appropriate clothing for venue and proper footwear for walking. Bring water, lunch or snacks for the bus ride. Food brought into the NYBG can only be eaten at the Clay Family Picnic Pavilions.

Accessibility Statement: NYBG, its buildings, and its tour vehicles are accessible. Portions of the landscape may be inaccessible. A map of accessible routes will be provided to participants. Wheel Chairs are available to borrow on a first come first serve basis.

LIABILITY WAIVER / RISK ACKNOWLEDGEMENT

I understand that participation in trip activities could involve risk of physical injury, illness, death or property loss, and the Friends cannot be responsible for assuring the safety thereof. Friends of the Seymour Public Library District, Inc. does not provide health and accident insurance for trip participants, and I understand that any medical expenses, property loss, or other personal expenditures that result during or from this travel/trip, are to be borne by the participant. I also hereby consent, give authorization to, and release from liability trip leaders to secure any emergency medical treatment in event I am unable to, and I agree to be responsible for the costs thereof.

In consideration of the opportunity afforded, with full knowledge and acceptance of the risks associated with this trip and any recreational activities I may chose to participate in; and with full understanding of the above issues/conditions and risks, I hereby release, indemnify and hold harmless **Friends of the Seymour Public Library District, Inc. and Seymour Public Library District**, its staff, directors, officers, volunteers, and agents from all form and manner of risks inherent in, and from all claims, suits and demands of any nature arising from participation in said trip, or activities.

I have thoroughly read and understand the preceding and forgoing information, to include any special risk or recreational risks included with this trip/travel.

I understand that all recreational activities are completely voluntary and based upon my own decision and I acknowledge that I may choose to decline these activities at any time. I hereby accept the associated risks and understand the precautions thereof.

Signature of Participant

Date

Signature of Participant

Date

Additional Emergency Contact and other Information or Instruction for Emergency purposes:
