



Suffield Parks & Recreation Department

230C Mountain Rd., Suffield, CT 06078 860-668-3862

REGISTRATION & TRIP EMERGENCY INFORMATION SHEET

TRIP NAME: _____ TRIP DATE: _____

Thank you for joining us for this trip. In the interest of passenger safety, we ask that you provide us with the below information. A form should be filled out for each member of the party that you are traveling with.

NAME: _____

CELL PHONE #: _____ HOME PHONE #: _____

ADDRESS: _____

CITY/STATE: _____

List names of those traveling with your party:

Name: _____ Cell Phone #: _____

Name: _____ Cell Phone #: _____

Please list the name and telephone number of a relative or friend who should be notified in case of an emergency.

Name: _____ Relationship: _____

Cell Phone #: _____ Day Phone: _____ Evening Phone: _____

Assumption of Liability: Participation on a trip may involve risk or injury. I hereby agree to release, discharge and hold harmless the Towns of Suffield, Granby, and East Granby, its employees and volunteers from the liabilities which may occur while participating on this trip. I further understand that the Towns of Suffield, Granby and East Granby do not provide accident/medical insurance for trip participants.

The Towns of Suffield, Granby and East Granby assume no responsibility for bodily injury or property damage arising out of a tour and or any transportation, facilities, meals, lodging, etc., connected herewith. We reserve the right to prohibit participation if a chaperone determines inappropriate behavior. **The Towns of Suffield, Granby and East Granby are not responsible for your return trip if you are not at the designated pick up spot on time.**

REFUND POLICY: There are no refunds for trips, unless the bus company cancels the trip due to natural disaster or extreme weather situation.

Adult Signature: _____ Date: _____

