



TRAVEL RESERVATION AND WAIVER OF LIABILITY
Ogden Regional Medical Center PH: 801-479-2019 FAX 801-479-2164

TOUR _____ PHONE _____

PRINT NAME _____ BIRTH DATE _____
 (As it appears on identification-Drivers License/Passport)

ADDRESS _____ CITY _____ UT ZIP _____

EMERGENCY CONTACT _____ PHONE(s) _____
 (May not be a traveling companion)

PRINT NAME _____ BIRTH DATE _____
 (As it appears on identification-Drivers License/Passport)

ADDRESS _____ CITY _____ UT ZIP _____

EMERGENCY CONTACT _____ PHONE & CELL _____
 (May not be a traveling companion)

SINGLE RM TOUR COST PER PERSON _____
 DOUBLE/TRIPLE ROOMMATE(S) _____

In exchange for transportation being arranged as part of this H2U outing, I release and forever discharge the National Association of Senior Friends, Inc. d/b/a H2U, Ogden Regional Medical Center, and its H2U chapter, as well as their respective officers, directors, employees, affiliates, agents, representatives, successors and assigns, of all liabilities, claims, actions, damages, costs or expenses which I may have against them arising out of or in any way connected with my participation in the event, including any liabilities, claims, actions, damages, costs or expenses that may arise out of the transportation provided as a part of the event, and including injuries which may be suffered by me before, during or after the event. I understand that this waiver includes any claims based on negligence, action or inaction of any of the above parties. In accepting payment, H2U is acting only as an agent

- Traveler must be an H2U member
- Travel reservations are not transferable
- Cancellations close to departure may be nonrefundable
- Participants must share bus seating, enter/exit a bus without assistance, and handle personal belongings/luggage and walk the required distance (min. of 5-6 blocks). These trips are not recommended for those requiring a walker, wheelchair or oxygen tank.
- Travelers are responsible to notify an emergency contact of their intention to participate in this trip

Signature _____ Date _____

Signature _____ Date _____

Credit Cards for H2U chapter trips only (not Beverly's) can now be accepted. Circle Card: MasterCard Discover Visa AMEX

Account # _____ Expire _____

Print Card Holder Name _____

Card Holder Signature _____

**Mail with payment to H2U, Attn: Linda Thomas
 Ogden Regional Medical Center, 5475 S. 500 E.
 Ogden, UT 84405**

It is important for travelers to consider the possible complications. I realize that if I cancel after costs are incurred, delay my return or fail to complete the trip, I am fully responsible for expenses. I understand the group may need to continue travel and the unused portion of my trip is not refundable.