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**New York City and Statue of Liberty – Tour# 2065765**

**May 16, 2024 – May 22, 2024**

**Traveler**  Emergency Data Sheet, FIA Release of Liability & Photo Release

Bringing a Walker on the Bus Trip Needs Handicap Room

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_

Emergency Contact (phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(relationship)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Roommate on Trip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupancy****/Price per Person**

Double/Rm **$1115** Single/Rm **$1423**  Triple/Rm **$1089**

Mail Deposit checks to: Faith in Action 600 E Willow St Ste 201, Normal, IL 61761

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Traveler 1** | **Check Amount** | **Check Number/ Credit Card** | **Date**  **Received** | **Notes** |
| Deposit $130 to FIA  ($30 for tips for driver) | $ |  |  |  |
| Final Payment | $ |  |  |  |

*Deposit is* ***$130****/person payable to* ***Faith in Action at the time of sign up. Deposit includes tips for drivers and tour guides***

***\*\*\*\*$50/person is non-refundable if reservation is canceled by traveler.***

*Final payment of the trip will be paid by check to* ***Faith in Action****.*

***Final payment is due March*** NOTE: Handicap Accessible Room is NOT Guaranteed.

**\*Call 855.376.2037 if you are purchasing travel insurance. To get the most insurance coverage apply within**

**14 days of giving your deposit to Faith in Action. Visit online at www.travelconfident.com.**

*Faith in Action’s Tour #2065765 will be needed to purchase the insurance.*

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**Bus Trip Travel Information and Emergency Data Sheet FIA Release of Liability and FIA Photo Release**

(Please Print all information)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:

Date of Birth:  */\_\_\_\_\_\_/\_\_\_\_\_\_*

Physician or Practice Name: Physician or Practice Phone: Emergency Contact Name: Relationship:

Emergency Contact phone number :

2nd Emergency Contact Name:

Emergency Contact phone number : Health Insurance Company Name:

Health Insurance Company Group/ID Number Please Circle type of Room:

* Non-Smoking
* Non-Smoking Handicap (Handicap not guaranteed)

Diabetic: Yes No (please circle one) Special Dietary/physical needs:

**List Medications and Dosage**

**Medication Name Dosage**

**Faith in Action Bloomington Normal**

**Release of Liability and Photo Release**

, agree to release from liability Faith in Action Bloomington Normal, its staff or volunteers for injury or illness accidentally incurred by me. A competent person may administer first aid. In the event of an emergency, I hereby give permission to the person in charge to send me to the physician or hospital as required.

I also authorize Faith in Action to publish the photographs and videos taken of me, and my name, for use in FIA's printed publications and the FIA website. I acknowledge that since my participation in publications and websites produced by FIA is voluntary, I will receive no financial compensation. I further agree that my participation in any publication and website produced by FIA awards me no rights of ownership whatsoever. I release FIA, its contractors, and its employees from liability for any claims by me or any third party in connection with my participation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Faith in Action Bloomington Normal 600 E. Willow #201

Normal, IL 61761