Baltimore County Department of Aging
Division of Senior Centers and Community Centers

Travel Assistance and Release of Liability

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

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

BCDA recommends that trip participants investigate and purchase travel insurance to cover trip cancellations, operator default, etc., through reputable travel insurance companies.

In compliance with the Americans with Disabilities Act, BCDA/BYKOTA Senior Center Council will make reasonable efforts to accommodate the needs of all travel program participants upon request. The Travel Committee must receive the Request for Travel Accommodations Form 3.12.3 at the time of registration (and at least 10 business days prior to the departure date of 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 personnel needs. It is strongly recommended that persons requiring assistance be accompanied by a companion who is capable of and entirely responsible for providing the assistance. Travel committee members/trip hosts/staff cannot physically lift or assist partiipants, push wheelchairs, guide, or interpret. Depending on venu, not all destinations may accommodate wheelchairs, and some activities may require extensive standing, sitting, or walking.

BCDA/BYKOTA Senior Center Council is not responsible for any missed activities due to a participant's inability to participate with the group. Some destinations require tour buses leave by a designated time or they will 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 Rules of Participation govern participants on trips and activities held outside the Senior Center.

MAKE CHECKS PAYABLE TO BYKOTA SENIOR CENTER COUNCIL

BYKOTA TRAVEL INFORMATION

(PLEASE PRINT)

Trip Attending: _____ Trip Date: _____

Are you a Baltimore County Senior Center Member? _____YES _____NO

Name: _____

Address:_____Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Do you need special Accomotations? _____YES _____NO

For OVERNIGHT TRAVEL ONLY:

Sharing with _____

Vehicle Make/Model _____ Tag # _____

Do you wish to purchase travel insurance? _____YES _____NO

EMERGENCY CONTACT INFORMATION

Name of emergency contact: _____

Relationship to you: _____

Home Phone: _____ Cell Phone: _____

By the affixing of my signature, I acknowledge receipt of the Travel Assistance and Release of Liability Form.

_____ _____

Signature of Travel Participant/Guardian Date

_____ _____

Signature of Senior Center Staff/Travel Volunteer Date