

Southern Traditions

Passenger Information Form

* Personal Information (Passenger #1)

Name: _____
(Legal as appears on driver's license or passport)

Home Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Cell Phone: _____

Email: _____ Birthdate: _____

Traveling Companion/Roommate: _____

* Name Badge

Please list your name as you wish it to appear on your Freedom Years nametag.

* Traveling with Friends

I/we will be traveling with the following friends:

* Personal Information (Passenger #2)

Name: _____
(Legal as appears on driver's license or passport)

Home Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Cell Phone: _____

Email: _____ Birthdate: _____

Traveling Companion/Roommate: _____

* Name Badge

Please list your name as you wish it to appear on your Freedom Years nametag.

* Traveling with Friends

I/we will be traveling with the following friends:

* Room Preference

Please mark the type of bed configuration you would prefer at the hotels. We will try to accommodate everyone with their preference.

_____ King/Queen _____ Two Double Beds

* Room Preference

Please mark the type of bed configuration you would prefer at the hotels. We will try to accommodate everyone with their preference.

_____ King/Queen _____ Two Double Beds

* Celebrations

Yes, I/we are celebrating a special birthday or anniversary while traveling!

Date (s): _____ Birthday/Anniversary

* Celebrations

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Date (s): _____ Birthday/Anniversary

* Special Needs

Please list and explain any special needs you have (walking limitations, diabetes, allergies - including food, heart conditions, special diets, motion sickness, etc.)

Please carry a copy of your current medications with you.

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Please list and explain any special needs you have (walking limitations, diabetes, allergies - including food, heart conditions, special diets, motion sickness, etc.)

Please carry a copy of your current medications with you.



Passenger #1 continued*** Emergency Medical Information**

In case of an emergency, please contact the following:

Name: _____

Relationship: _____

Phone: _____

Physician Name: _____

Physician Phone: _____

Passenger #2 continued*** Emergency Medical Information**

In case of an emergency, please contact the following:

Name: _____

Relationship: _____

Phone: _____

Physician Name: _____

Physician Phone: _____

Freedom Years Participation Agreement

On extended vacations, Park National Corporation has provided me with trip cancellation/interruption insurance information. I understand that it is my responsibility to purchase this insurance if I so desire. Park National Corporation or the travel agency will not be held responsible for full reimbursement in the event of my cancellation should I/we decide not to purchase this insurance.

Travel/Health Policy: It is required that persons needing assistance be accompanied by a companion who is capable and totally responsible for providing that assistance. Neither Park National Corporation nor its suppliers may assist with medications, wheelchairs, or physically lift persons onto transportation vehicles. Travelers needing assistance must notify Park National Corporation when they make their reservations. Please note that the Americans With Disabilities Act does not apply outside the United States.

Should at any time during a Freedom Years trip, a traveler become ill and require medical treatment or hospitalization that may require them to be unable to continue on the trip, or miss a connection to a trip's next destination, Park National Corporation shall not be responsible for any expenses that the traveler may incur for the purpose of rejoining the trip at a later destination; the cost of returning back to the traveler's home; for a member of the traveler's family to be brought to the destination where the traveler is located; or for any other expenses not contemplated in the fees paid by the traveler to take part in such trip. Any such expenses incurred by the traveler shall be the sole responsibility of the traveler.

Traveler assumes complete and full responsibility for, and hereby releases Park National Corporation from any duty of, checking and verifying any and all passport, visa, vaccination, or other entry requirements of each destination, and all safety or security conditions at such destinations, during the length of the proposed travel.

Park National Corporation accepts no responsibility for accidents, baggage losses, delays, and defaults of any company used in the operation of the tour.

Park National Corporation, assumes no responsibility for liability in conjunction with any activities, tours or other services to

members or organizations through Freedom Years membership including, but not limited to, the services provided by any motor vehicle, vessel, aircraft or other conveyance which may be used wholly or in part in the performance of service to passengers; for any vehicle, vessel or aircraft or through neglect or default of any company or person engaged in conveying the passengers; or for any representations made by travel agents, carriers or their representative.

Park National Corporation, shall not be responsible for breach of contract, failure to comply with any state or federal laws, including the Americans with Disabilities Act (ADA), or any intentional or negligent actions or omissions on the part of such suppliers, which result in any loss, damage, delay, inconvenience or injury to travelers or travelers' companions or group members. Without limiting the foregoing, if due to weather, flight schedules or other uncontrollable factors traveler is required to spend additional nights, Park National Corporation will not be responsible for traveler's hotel, transfers, meal costs or other expenses. Traveler's baggage and personal property are completely at the traveler's own risk.

Park National Corporation shall not be responsible for any injuries, damages, or losses caused to any traveler in connection with terrorist activities, social or labor unrest, mechanical or construction failures or difficulties, diseases, local laws, climactic conditions, criminal acts or abnormal conditions or developments, or any other actions, omissions, or conditions outside of its control.

Substitutions or changes in itineraries, accommodations, content of trips or programs may be made as deemed necessary by Park National Corporation and its employees. The escort/director reserves the right to dismiss en route any travelers who create disturbances, jeopardizing the comfort and enjoyment of the group as a whole.

Your signature acknowledges that your photo may be used in Freedom Years publications at the discretion of the Freedom Years Director.

Responsibility: Park National Corporation /FreedomYears accept no responsibility for accidents, baggage losses, delays, and defaults of any company used in the operation of the tour.

Please sign below indicating you have read, fully understand, and hereby agree to the terms of the above information.

Signature_____
Date_____
Signature_____
Date

MOTORCOACH