Steppin' Out Day Trip Registration

P.O. Box 3707 • Sunnyvale, CA 94088-3707 • Call (408) 730-7360

Please complete all information carefully and completely to ensure your form is processed correctly:

***Note**: Two people may register on this form if residing at the same address.*

☐ Mr. ☐ Mrs. ☐ Ms. _____ Nickname _____ Membership # _____
Last Name First Name

☐ Mr. ☐ Mrs. ☐ Ms. _____ Nickname _____ Membership # _____
Last Name First Name

Street Address _____

City/State/Zip _____ Phone: ( ) _____

E-mail Address (*for trip updates*)_____

☐ My check is attached, payable to *City of Sunnyvale*. (There is a $30 charge for all returned checks)

Please charge my: ☐ MasterCard ☐ Visa Name of cardholder _____

Card # _____ Expiration Date (MM/YY)_____ 3-digit security code (back of card) _____

Signature: _____ Date: _____

LIABILITY WAIVER/PHOTO RELEASE: In consideration of participation in a trip offered by the City of Sunnyvale Department of Library and Community Services – Community Services Division, I, the undersigned, agree to indemnify and hold the City of Sunnyvale harmless and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury or property damage which I may have or which hereinafter may accrue to me against the City of Sunnyvale, its City Council, employees, agents, and volunteers from and against any liability arising out of or connected in any way with my participation in a trip, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. ■ I understand that accidents and injuries can arise from participation in this trip; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me (or my heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my heirs and assigns. ■ I understand and agree that my medical information may be shared with medical personnel if I have a medical emergency. If I have a medical emergency, I give my permission for an ambulance to be called and to have emergency care administered. ■ I have read and agree to the registration and program policies. Further, I agree to allow use of my image, which may be captured through video, photo, digital camera or other media, for City of Sunnyvale promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents.

Signature* _____ Date _____

Signature required to participate on trips

Signature _____ Date _____

(Signature of second household member required if listed above)

Do you have dietary or special needs that we should be aware of? (i.e. use of cane or wheelchair) ____ **Yes**

*If yes, please list:*_____

Day Trip Registration Form

Passenger's First Name	Day Trip Number	Day Trip Name	Date	Menu Choice (A, B, C, etc.)*	Fee/pp	Subtotal
	.					$
	.					$
	.					$
	.					$
	.					$
	.					
					TOTAL	$

** For the menu choices, see trip descriptions in this flyer, online, or on the Steppin' Out bulletin board.*

- You must be 50 years or older to participate.