



Bank of Sullivan Roadrunners
P.O. Box 489
Sullivan, MO 63080

RESERVATION TRIP FORM

Trip: _____ Trip Date: _____

Traveler: _____ Date of Birth: _____

Co-Traveler: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Trip Cost: _____ Deposit/Payment: \$ _____ Date: _____ Cash/Check (circle)

Optional Travel Protection: Yes/No (circle) \$ _____

SPECIAL REQUESTS: _____

ie: Room-2 Beds / Lg. Bed Non Smoking / Smoking _____

EMERGENCY CONTACT (Do not use spouse if they are traveling with you)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Bank of Sullivan Roadrunners Travel Club
TRAVEL/TOUR RELEASE AND AGREEMENT

The undersigned is a participant in the above tour sponsored by Bank of Sullivan (the "Tour"). By signing this Release and Agreement, I agree to the following:

1. I hereby release the Bank of Sullivan, its officers, employees, agents and assigns, from any claims that I may have arising from, or in connection with, any physical injury, and/or property damage that I may suffer in connection with the Tour.
2. Bank of Sullivan reserves the right to refuse or cancel my reservation at its sole discretion and Bank of Sullivan's sole obligation will be to refund to me any amounts I have paid unless I am responsible for the cancellation.
3. I agree to abide by the rules and directions of the group leader, the Tour organizer, the Tour guide, or any other designees of Bank of Sullivan on the Tour. I agree to abide by all local laws while on the Tour including but not limited to those concerning alcohol, tobacco and drugs. Failure to follow such rules or laws may result in cancellation of my rights to participate in the Tour without refund of any fees.
4. If I become ill or incapacitated Bank of Sullivan shall have no obligation or liability for any actions or inactions by the Tour organizer or any representatives of the Tour organizer. Bank of Sullivan shall have no obligation to provide any medical care to me.
5. Bank of Sullivan, its employees and agents, have the right to make changes in the Tour itineraries and departure dates and to modify transportation arrangements before and during the Tour without any obligation or liability to me.
6. It is my responsibility to secure any necessary travel documents before the Tour. Failure to do so does not constitute grounds for any refund.
7. This Release and Agreement supersedes any other agreements or documents relating to liability or obligations of Bank of Sullivan regarding the Tour. I do not rely upon any promises, inducements, or arrangements not herein set forth, including but not limited to any oral statements made to me by the Tour organizer, any representatives of the Tour organizer or any employee of Bank of Sullivan.
8. This Release and Agreement shall be governed in all respects by the laws of the State of Missouri. This Release and Agreement shall be binding on and inure to the benefit of the heirs, administrators, executors, representatives, successors and assigns of the respective parties.
9. Any traveler who requires assistance, and therefore cannot travel independently, must be accompanied by another traveler who is capable of providing the required assistance.
10. Cancellation Policy: Please refer to the cancellation policy located on the brochure for refund details. Optional Travel Protection may be available.

Traveler:

Co-Traveler:

Print Name

Print Name

Signature

Signature

Date: _____

Date: _____

You should always keep a current medication list, name of your physician with phone number and any allergies you have in your wallet in case of emergency.