

### The Arc of Greater Beaumont Presents:

## Astros vs.Cardinals!!

#### **Houston Astros vs St. Louis Cardinals**

Date: Wednesday, August 17, 2016

**Time:** 10:00am to 6:00pm ~ Game Starts to 1:00 pm

Cost: \$40 per person (includes charter bus ride to game, and game

ticket) Don't forget to bring spending money for lunch and souvenirs.

We will meet at the Holiday Inn Beaumont at 10:00am and expect to return around 6:00pm. (End time depends on game time and traffic)

#### There is limited seating on the bus...sign up today!!!!

**To register** fill out the packet below and send to:

teri.hawthorne@arcofbmt.org or Fax: 1-409-515-1129 or

Mail to: The Arc of Greater Beaumont 700 North St. Suite Q Beaumont TX 77701 Payments: Please make check out to The Arc of Greater Beaumont or you can make a <u>payment online</u>. Please state the purpose as "SETX Astros Trip" when making your payment online.

# **Participant Information Sheet**

Name:				
Parent/Guardian Nam	e:			
Address:	City:	Sta	ate: Zip:	
Phone:	Cell phone:			
email:				_
Emergency contact: _		Relation:		_
Any known allergies:_				
effects that could occu	t full names and dosage of med ir during the day (Note: participa gal guardian or authorized indivi	ants must be able to ad	lminister their own	
Is there any other informer information in the second seco	rmation we should know about t	his self-advocate to ma	ake this trip fun and	
□ Yes, The Arc of Gre	ater Beaumont can use photos	of me for promotional p	ourposes, including posting	
	Arc of Greater Beaumont to not	use my photo for prome	otional purposes, including	
nosting on The Arc's s				

# The Arc of Greater Beaumont and Southeast Texas Self Advocates Participants Hold Harmless and Release

- 1. In consideration of my participation in the learning experiences offered from The Arc of Greater Beaumont an affiliated chapter of The Arc of Texas, herein know as The Arc, I agree, on behalf of myself, my assigns, executors, and heirs, to release, indemnify, and hold harmless The Arc, and any other sponsors/partners of The Arc and their trustees, officers, agents and employees from any and all liability, damage, and/or claim of any nature whatsoever arising out of or in any way related to my participation in the Southeast Texas Self Advocate's programs, including any act or omission of any third party (rescue squad, hospital, volunteer agency, etc.).
- 2. I agree to indemnify and hold The Arc and its staff harmless from any damage or liability incurred as a result of any illness/injury I may suffer, including the costs of any medical care, or any injury or damage to the person or property of others which I may cause, or from any financial liability or obligation which I may personally incur, while participating in the program(s).
- 3. Medical Authorization: I give my permission to be treated by any medical professional and medical center for medical illness and injuries, and to take emergency measures as they deem appropriate in the event that I cannot give my permission or the designated person below cannot be notified.

Participant Name (please print):	Date:	
In case of emergency, notify (note relationship):		
at (ph. number):		
Signature:	Date:	
Parent or Guardian signature (if applicable):		
Guardian's signature:	Date:	