



Queen Anne's County Parks & Recreation



9/11 Memorial & Museum New York City Bus Trip

Fee: \$110

Program #190007

Registration Deadline: Friday, March 9, 2019
or until filled, whichever comes first!

Saturday, March 30, 2019

The National September 11 Memorial & Museum remembers and honors the 2,983 people killed in the horrific attacks of September 11, 2001, and February 26, 1993, as well as those who risked their lives to save others and all who demonstrated extraordinary compassion in the aftermath of the attacks. Join us as we visit this National tribute to the heroes and victims. After initial entrance to the museum, your visit is self-guided and you can spend as much time as you like exploring the artifacts, exhibits and all that the museum has to offer. After exploring the museum, many will also have time to enjoy some sightseeing around New York City as well. Children may attend with an adult however, the historical exhibit within the museum may not be appropriate for children younger than 10 years of age; parental discretion should be exercised before entering this exhibit. Registration fee includes round trip transportation and museum admission.

Return form to: 1945 4-H Park Road, Centreville, MD 21617; qacrecreation@qac.org; or 443-262-4673 (fax)

Participants Name: _____ M/F: ____ Age: ____ DOB: _____
(*PLEASE PRINT CLEARLY—ONE FORM PER PARTICIPANT*)

9/11 Memorial & Museum, New York City; Saturday, March 30, 2019 ——— **Check one departure location below:**

_____ **Depart Kent Island Park & Ride (next to Western Tire & Auto) 6:00 a.m.** (return approximately 11:00 p.m.)

_____ **Depart Queen Anne's County High School 6:30 a.m.** (return approximately 10:40 p.m.)

Emergency Contact: (name/number) _____

***Medical Information** (medication, disabilities, etc.): _____

Payee (adult/parent/guardian):

Name: _____ Email: _____

Address: _____ Home Phone: _____

City: _____ Zip: _____ Cell Phone: _____

Method of Payment: (check one)

___ Cash

___ Check or money order (payable to QAC Recreation)

___ Mastercard/VISA Card #: _____

Exp: ____/____ CVV/CVC#: _____ Signature: _____

I recognize the risks of illness and injury in any exercise/physical fitness or education program and am participating in the Parks & Recreation program upon the express agreement and understanding that I am hereby waiving and releasing Parks & Recreation, it's officers, directors, employees and agents from any and all claims, costs, liabilities, expense or judgment, including attorney's fees and court costs (herein, collectively "Claims") arising out of my participating in the aforesaid course/activity or any illness, injury or death resulting there from and hereby agree to indemnify and hold harmless the Parks & Recreation Department from and against all such Claims except Claims proximately caused by the gross negligence or willful misconduct of Parks & Recreation. ***Participants may at some time be photographed for publicity purposes.**

Participant or Parent/Guardian Signature