

TAMPA BAY RAYS VS. BOSTON RED SOX

Sunday, September 17, 2017



Depart from Wal-Mart (behind Wendy's) 9:10 AM
2461 E. Gulf to Lake (Hwy 44), Inverness

Depart from Meadowcrest 9:30 AM
6405 W. Gulf to Lake (Hwy 44), Crystal River

Depart from Sugar Mill Shoppes 9:50 AM
Hwy 19 at Hwy 98 in Homosassa (in front of Publix)

Estimated time of return 6:00 ~ 6:30 PM



The price of **\$70.00** per person includes:
Escorted Motorcoach, Admission to Tropicana Field Party Box, all Taxes and
Gratuities including the Driver.

PAYMENT DUE WITHIN 7 DAYS OF MAKING A VERBAL RESERVATION
NO REFUNDS AFTER August 8, 2017

Major League baseball season is drawing to a close as we head to Tropicana Field to watch the home team, Tampa Bay Rays, play ball against the Boston Red Sox. Our seats will be in Section 345 in the Party Deck area. It's easy to get to. Once in the stadium you head for the elevator or the escalator and take it to the Party Deck level. We have some handicapped seats set aside for those who need them. However you can either watch the game from one of the many concession areas or there are bleacher style seats with back support for you to enjoy the game. You may want to bring a cushion. Don't forget to bring your cow bell to root your team on!! Lunch is on your own. Concessions are close by.

Remember to bring some quarters with you to play our traditional "baseball pool" game. Cash prizes will be awarded on scores at the end of the 3rd and 7th innings and the final score.

Please note there is a very slim chance that the game may be rescheduled by the MLB to be a 8 PM night game. If this happens this trip will be rescheduled to attend the night game.

Call or Email Joan Sweety at 564-8773; joansweety43@gmail.com

Make Checks Payable to Joan Sweety for \$70.00
Mail to Joan at 3814 N. Apalachee Point, Crystal River FL 34428
Not able to accept credit cards.

Clip here and complete this portion. Send this with your check and signed waiver form to Joan at the above address.

Name(s) _____

Home Phone _____ Cell Phone _____ Pick-Up Location _____

Emergency contact & phone _____

Seats are assigned: Who would you prefer to sit with &/or near? _____

Alert us to any special needs : _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Name of the Activity or Event: TBA RAYS vs RED SOX Tropicana Field

Date of Activity or Event: SEPT. 17, 2017

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically able, have sufficiently prepared for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event. This waiver is not intended for the bus company or bus driver. They have their own insurance coverage. This is to protect the people that put these bus trips together for your enjoyment.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: the **Citrus County Day Trippers** and/or its volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that the **Citrus County Day Trippers** and its volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity.

I acknowledge that this activity or event may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____	_____	_____
_____	_____	_____
_____	_____	_____
Print Participant's Name(s)	Signature(s)	Date