



ON YOUR FEET!

A Broadway Hit On It's First Tour Across America

**at Dr. Phillips Center for the
Performing Arts
(Orlando)**

Sunday, October 22, 2017

Depart from Meadowcrest **9:10 AM**
6405 W. Gulf to Lake (Hwy 44), Crystal River

Depart from Wal-Mart (behind Wendy's) **9:30 AM**
2461 E. Gulf to Lake (Hwy 44), Inverness

Estimated time of return **6:00 PM**

The price of **\$110.00** per person includes:

Escorted Motorcoach, Lunch, Admission to Theater, all Taxes and Gratuities including the Driver.

***PAYMENT DUE WITHIN 7 DAYS OF MAKING A VERBAL RESERVATION
NO REFUNDS AFTER SEPT. 15, 2017***

First stop is lunch in Orlando at Fratelli's Italian Family Restaurant for a yummy buffet and their famous yeast rolls. We will want to be at the theater no later than 12:30.

Then to the theater to experience one of the **hottest** Broadway theatrical productions to come to Florida this year. "On Your Feet" is an awarding winning musical that started on Broadway in 1917 and is now beginning its **first tour** across the USA. We are fortunate to get any seats as it is a sell out.

It is based on the lives and music of 26-time Grammy Award-winning husband-and-wife team Gloria and Emilio Estefan. Prepare to be on your feet from start to finish! Theater seating for our group will be in the balcony area which is easy to get to and close to restrooms. The Dr. Phillips Center is designed to provide great viewing and have great sound quality from all seats.

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

****Make Checks Payable to Joan Sweety for \$110.00****
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: **ON YOUR FEET!@ Dr. Phillips Center for the Performing Arts (Orlando)**

Date of Activity or Event: **Sunday, October 22, 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.

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 directors, officers, employees, 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 directors, officers, 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.

Printed Name	Signature	Date of Signature