

EMERGENCY CONTACT: _____

Relationship: _____ Phone: _____

Passport Expiration Date: _____ (later than March 1, 2025 **REQUIRES** a **NEW** passport)

DISCLAIMER: These trips are a project of and are offered to the Ocean City, MD Chapter 1917 of AARP. The chapter and any agent it may use in arranging these or any other trips are not responsible in whole or in part to the traveling member for any loss, damage, or injury, whether financial or otherwise, to persons or property, however caused during or in with these or any other trips. These trips are activities conducted by Ocean City, MD AARP 1917 and are in no way offered, sponsored or conducted by AARP, which has no responsibility with such trips.

YOUR SIGNATURE(S): _____

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