

**FARM BUREAU  
FRANKENMUTH, MICHIGAN  
NOVEMBER 27-30, 2021  
RESERVATION FORM**

**NAME:**

**First:** \_\_\_\_\_

**Last:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **CELL PHONE #** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**TRAVELING WITH:** \_\_\_\_\_

**SPECIAL NEEDS/DIETARY REQUIREMENTS** \_\_\_\_\_

**Insurance Accepted** \_\_\_\_\_ **Insurance Declined** \_\_\_\_\_

**The Insurance Premium is non-refundable unless the entire tour is cancelled. Please fill out the insurance form, sign and return with your payment. Make a separate check for the insurance made payable to Tri-State Travel.**

\_\_\_\_\_  
**Signature**

**Reference #119152**

**PLEASE READ AND SIGN THE RELEASE AND WAIVER OF LIABILITY ON THE REVERSE SIDE OF THIS FORM**

**RELEASE AND WAIVER OF LIABILITY**

In consideration of being provided certain transportation and/or motorcoach services by River Trails Transit Lines, Inc. d/b/a Tri-State Travel ("Tri-State Travel"), I hereby understand, acknowledge and agree that my participation and use of Tri-State Travel's services is completely knowing and voluntary, and further understand, acknowledge and agree to the following:

**COVID-19.** Coronavirus disease 2019 ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. Per the Centers for Disease Control and Prevention ("CDC"), the virus that causes COVID-19 is thought to spread from person-to-person contact, mainly through respiratory droplets produced when an infected person coughs, sneezes or talks. COVID-19 may also spread by contact with contaminated surfaces and objects or in the air. People may be infected and show no symptoms but still spread the disease. COVID-19 seems to be spreading easily and sustainably in the community ("community spread") in many areas. Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected. At this time, there is no known treatment, cure, or vaccine for COVID-19. COVID-19 may cause serious and potentially life-threatening illness and even death.

**ASSUMPTION OF RISK.** I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize Tri-State Travel's services and enter Tri-State Travel's premises, including motorcoaches. These services are of such value to me and/or to my children, that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize Tri-State Travel's services.

Please initial \_\_\_\_\_

**WAIVER OF LIABILITY.** Because I understand and assume all risks involved in my use of Tri-State Travel's services, I hereby forever release and waive any and all legal or other claims that I, my assignees, heirs, distributees, guardians, legal representatives and/or successors may have against the owners, shareholders, members, operators, directors, officers, partners, employees, representatives, lessees and assigns or other agents of Tri-State Travel (the "Released Parties"), together with their employees and representatives, and further release, indemnify and hold harmless the Released Parties for any and all injuries that I or anyone incur as a result of my use of Tri-State Travel's services. I understand that my voluntary release and waiver of liability includes any and all legal or other claims I may have against the Released Parties in connection with my potential exposure, infection, and/or spread of COVID-19 related to my utilization of Tri-State Travel's services. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen. Such risk of injury that I am knowingly and voluntarily assuming, and for which I am releasing liability, may result from negligence of a Released Party; my own negligence, or the negligence of any third party while I am using Tri-State Travel's services or participating in related activities.

I acknowledge that this participant Release and Waiver of Liability is being relied upon by River Trails Transit Lines, Inc. d/b/a Tri-State Travel, together with its shareholders, management, employees, insurers, and any other person or entity acting on its behalf, and allows me to participate in the tour/transportation provided by Tri-State Travel and/or other activities operated by Tri-State Travel or occurring on the property of Tri-State Travel.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the released parties and sign it of my own free will and/or on the behalf of a dependent, if applicable.

Sign \_\_\_\_\_

Date \_\_\_\_\_