SOLIVITA TRAVEL CLUB, INC.
DAY TRIP RESERVATION FORM

Trip Name:_____ Date of Trip:_____

Name(s) _____
APPLICANT (AND TRAVELING COMPANION if applicable & has same contact information)

Solivita Address: _____

Cell phone (____)_____ Other phone (____)_____

Email Address:_____

TRAVEL CLUB MEMBER YES ___NO ____ Companion (if applicable) YES___ NO___
ANY PERSON NOT A MEMBER OF THE TRAVEL CLUB IS REQUIRED TO PAY A $5.00 FEE, PAYABLE VIA SEPARATE CHECK TO: SOLIVITA TRAVEL CLUB

EMERGENCY CONTACT INFORMATION

Name_____ Relationship_____

Home phone(_____)_____ Cell/Work (_____)_____

List any Dietary Restrictions: _____

(If applicable) List Meal Choice from Options: _____ /_____

List any Mobility Restrictions: _____

Circle if you use any of the following: Wheelchair Scooter Walker Cane Service Animal

IMPORTANT: By signing this form I agree that I understand and I am capable of the Activity Level of this trip. I also understand that if I am unable to attend this outing I will notify the Trip Coordinator so they can either find a replacement or request a refund, if within the refundable period. REFER TOTRIP FLYER FOR SPECIFICS REGARDING REFUNDS. I also understand that I am not authorized to "sell" or transfer said reservation to anyone or to advertise in any way.

PHOTO RELEASE: I agree that my name and likeness may be used by the Travel Club on its website, in publications, videos and all forms of media without restriction.

Release and Hold Harmless Agreement. I agree to release and hold harmless from any and all liability, claims, or damages, the Solivita Travel Club, including the Officers, members of the Executive Board, Advisory Board, and all Trip Coordinators and volunteers for any injury, illness, damage or loss due to my voluntary participation in this trip. I acknowledge and agree that this release applies to all claims for injury or damage resulting from any cause, including the negligence of any party released herein. I agree that this release of liability is binding and I am relinquishing important legal rights on behalf of my family, my heirs, and myself.

Signature: _____

Companion Signature: _____

Date: _____
Make check payable to SMALL WORLD TOURS (in the amount per person stated on the Trip Flyer)
CHECK #
Dated: _____
(rev 11/2025)