

INDO-AMERICAN SENIOR HERITAGE

A Non-Profit Organization # 501 (c)(3) 65-1252328

P. O. BOX 532, ARTESIA, CA 90702

www.iashla.org

TRAVEL WAIVER FORM FOR BUS TRIP EVENT

Full Name (Print) _____ Birth date _____

Additional Person Full Name (Print) _____ Birth date _____

Street Address _____ City _____

State ____ Zip Code _____ Email (Print) _____

Phone () _____ - _____ Cell Phone () _____ - _____

Emergency Contact Name _____ Relationship _____

Home Phone () _____ - _____; Cell Phone () _____ - _____

Waiver: With Signature(s) below, I / We agree with all the terms and conditions stated below and any other as approved by Indo-American Senior Heritage (IASH).

I / We agree to indemnify IASH against all claims, causes of actions, damages, costs or expenses, medical emergencies including death and / or attorney fees and other litigation costs which may arise from my / our use of the facilities, or participation in any IASH events, tours, and travel. In short Indo-American Senior Heritage organization is Not Responsible for any damages for any loss.

Signature _____ Date (mm/dd/yyyy) _____

Signature _____ Date (mm/dd/yyyy) _____

Please mark as applicable: (See Event Flyer for Trip Fare basis per person)

Trip Fare \$ _____ (Two Persons); For One / Single Person Only - \$ _____

Yes, I want to be a: Donor / Sponsor \$1,000 ____ \$500 ____ \$250 ____

Amount Paid: \$ _____

Please make Check payable to: IASH

Paid by: CASH ____ CHECK ____ Check Number _____ Date _____

For IASH Officer or Person collecting this Form: For Treasurer IASH Membership No. _____

Bank Deposit Date _____

Officer / Person Name: _____

Amount \$ _____ CASH ____ Chk No. _____

Event _____ By Mail _____

Receipt No. _____ Mail Date _____

(IASH Travel Form - 08/2018)