

Adult Traveler
WAIVER/RELEASE FORM

I, _____ (print name)

hereby agree to assume full responsibility for the payment of all debts incurred by me during my stay at the Radisson Blu Hotel Salzburg, the Renaissance Vienna, the Dorint Hotel Don Giovanni and the Holiday Inn Munich and to reimburse said hotels for any damages suffered by them due to acts during that visit.

I further agree to release and hold harmless all hotels above, Coastline Travel Advisors and/or their subsidiaries, related and affiliated companies from and against all claims, judgments, costs or other expenses arising out of bodily injuries or property damage suffered by me during my stay and/or from activities during my stay.

I authorize all hotels above, the South High School Band Director or Chaperones and/or Coastline Travel Advisors to procure at my expense, any medical care reasonably required during my visit.

I further agree to release and hold harmless the South High School Band Director, the South High Band Boosters and the Chaperones from and against all claims, judgments, costs or other expenses arising out of bodily injuries or property damage suffered by the me during my stay and/or from activities during my stay.

Signature _____ Date _____

EMERGENCY CONTACT INFORMATION

Name _____

Address _____

Telephone _____

E-Mail Address _____

Medical Insurance Information

Provider and Policy# _____

Phone _____