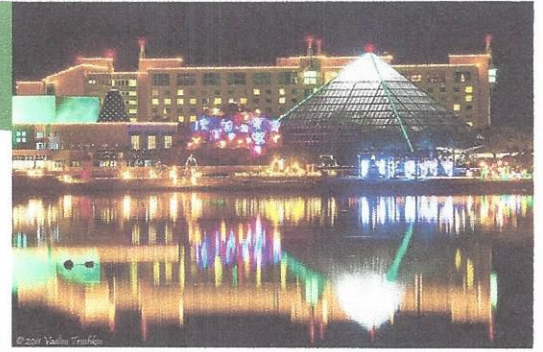


Join the
SETX Self Advocates
For an entertaining and
educational trip!



Moody Gardens Festival of Lights

Saturday, November 22, 2014
12pm-10pm

Join us as we explore the Aquarium and The Festival of Lights!!
Meet at Holiday Inn at 11:30am Charter bus will depart at 12pm
sharp!

*Note: Any parent, guardian, or staff wishing to attend will also
need to pay the attendance fee.

Cost to attend trip:

\$30.00 per person

This includes entrance into
Moody Gardens as well as
lunch and dinner.

For more information contact:

Teri Hawthorne

409-838-9012

teri.hawthorne@arcofbmt.org

Southeast Texas Self Advocates

Participant Hold Harmless and Release

1. In consideration of my participation in the learning experiences offered from the Arc of Greater Beaumont an affiliated chapter of the Arc of Texas, herein know as the Arc, I agree, on behalf of myself, my assigns, executors, and heirs, to release, indemnify, and hold harmless The Arc, and any other sponsors/partners of The Arc and their trustees, officers, agents and employees from any and all liability, damage, and/or claim of any nature whatsoever arising out of or in any way related to my participation in the Southeast Texas Self Advocate's programs, including any act or omission of any third party (rescue squad, hospital, volunteer agency, etc.).

2. I agree to indemnify and hold The Arc and its staff harmless from any damage or liability incurred as a result of any illness/injury I may suffer, including the costs of any medical care, or any injury or damage to the person or property of others which I may cause, or from any financial liability or obligation which I may personally incur, while participating in the program(s).

3. Medical Authorization: I give my permission to be treated by any medical professional and medical center for medical illness and injuries, and to take emergency measures as they deem appropriate in the event that I cannot give my permission or the designated person below cannot be notified.

Participant Name (please print): _____ Date: _____

In case of emergency, notify (note relationship): _____ at (ph. number): _____

Signature: _____

Parent or Guardian signature (if applicable):

Guardian's signature: _____ Date: _____

Participant Information Sheet

Name: _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell phone: _____

email: _____

Emergency contact: _____ Relation: _____

Any known allergies: _____

Medication: Please list full names and dosage of medication(s) taken by applicant, as well as any side effects that could occur during the day (Note: participants must be able to administer their own medication, if not a legal guardian or authorized individual must accompany them.)

Is there any other information we should know about this self-advocate to make this trip fun and rewarding?
