

**INFORMED CONSENT FORM
Amsterdam-Bologna-Paris 2020 Trip**

HEREIN AFTER REFERRED TO AS "AMSTERDAM-BOLOGNA-PARIS 2020 TRIP" THAT BEGINS ON MAY 13 AND ENDS ON JUNE 1ST, 2020

In consideration of my/our voluntary participation in the AMSTERDAM-BOLOGNA-PARIS 2020 TRIP, I/we hereby waive all claims of action against Independent Tours, Kent Porter, and Cyndi Smith-Porter (the AMSTERDAM-BOLOGNA-PARIS 2020 TRIP Organizers and Trip Directors and any AMSTERDAM-BOLOGNA-PARIS 2020 TRIP designated insurance companies, arising out of my/our voluntary participation in the AMSTERDAM-BOLOGNA-PARIS 2020 TRIP and hereby release, hold harmless, and discharge all of those named above from all liability in connection therewith. Knowing, understanding, and fully appreciating all possible risk, I/we hereby expressly, voluntarily, and willingly assume all risk and dangers associated with my/our participation in this activity. These risks could result in damage to property, personal and/or bodily injury or death.

For your own financial protection, the AMSTERDAM-BOLOGNA-PARIS 2020 TRIP organizers **strongly recommend that you investigate and consider purchasing trip cancellation insurance on your own behalf.**

In addition, I/we have been advised to obtain personal medical coverage from a medical insurance carrier of our choosing. Furthermore, I/we agree to use my/our personal medical insurance as the primary medical coverage payment if accident or injury occurs. I/we have read this waiver and release and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the named agencies, groups and individuals above is knowingly given up in return for allowing my/our participation in the AMSTERDAM-BOLOGNA-PARIS 2020 TRIP.

My/our signature(s) on this document is/are intended to bind not only me/us but also my/our successors, heirs, representatives, administrators, and assigns.

Participant's Signature:

_____ **Date:** _____

Print Name: _____ Phone: _____

Co-Participant's Signature (if traveling together)

_____ **Date:** _____

Print Name: _____ Phone: _____