



**Sons of Italy of Ocean City Lodge #2474
P. O. Box 4596
Ocean City, MD 21843**

I, _____ (print your name) agree that the Sons of Italy of Ocean City Lodge #2474 (“Lodge”) will not be responsible for any injuries, illnesses, damages or related expenses arising in out of my participation in the Lodge sponsored trip described below. I am in proper health and physical condition to meet the physical requirements associated with this trip.

Description of Trip

Date(s) of Trip

I acknowledge that at its sole discretion, the Sons of Italy of Ocean City reserves the right to either cancel this trip and refund any applicable deposits or to add a surcharge to the quoted price if there are less than forty (40) paid participants.

Signature

Date

Street Address

City

State

Zip Code

Telephone Number with Area Code

Email Address

Emergency Point of Contact:

Name

Telephone Number with Area Code

Relationship