



# Adult Program Trip

## House in the Horseshoe

*Thursday, April 30, 2015*

If you enjoy history, the American Revolution or art this is the trip for you. The group will be leaving from Anne Gordon Active Adult Center at Millbrook Exchange Park (1901 Spring Forest Road) at 8:00am. Heading south, we will travel to Sanford, NC to visit the House in the Horseshoe. This historic plantation house was attacked during the American Revolution and is still riddled with bullet holes. The house is known for its elaborate woodworking and beautiful antiques as well as the owner's scandalous life. We will also experience a musket firing demonstration during our visit. Next we will head to Cary, NC for lunch on your own at Abbey Road Tavern & Grill (\$4-\$11). Our final stop will be the historic Page-Walker Arts & History Center in Cary. Here we will have a guided tour of the historic architecture and furnishings, the Heritage Museum and the art gallery exhibitions. Included is a guided historic walking tour of downtown Cary (1/2 mile on flat pavement, done over an hour). The group will arrive back at the Anne Gordon Center in Raleigh at approximately 3:30pm. *We always encourage you to wear comfortable walking shoes and clothing.*

### **Price:**

\$22.00 City of Raleigh Resident      \$37.00 Non-City of Raleigh Resident

### **Price Includes:**

Transportation via department bus, House in the Horseshoe guided tour, Historic Page-Walker Arts & History Center guided tour and Historic Cary walking tour. Lunch is on your own.

### **Patron Expectations:**

This trip has a moderate/high volume of walking expected, including some steps, and uneven paths with loose bricks and gravel. Patron must be able to keep to the scheduled timeline of the trip. Please remember there is no one-on-one assistance provided by the escorts.

### **Cancellation Policy:**

Cancellations must be made, in writing at least 14 days prior to trip departure date to receive a refund. Full or partial refunds will be made only if a replacement can be found, and are subject to non-refundable expenses incurred by the Department. If the Department cancels a trip, a full refund will be given.

### **To register return the bottom portion of the back page with payment to:**

Five Points Center for Active Adults

*Adult Program*

2000 Noble Road, Raleigh, NC 27607



**RALEIGH** Parks,  
Recreation and  
Cultural Resources  
[parks.raleighnc.gov](http://parks.raleighnc.gov)

**Five Point Center for Active Adults**

919-996-4730

**Anne Gordon Center for Active Adults**

919-996-4720



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**Make checks payable to:** City of Raleigh

**To Register: Complete the form below and return with full payment to:**

Five Points Center for Active Adults

*Adult Program*

2000 Noble Road Raleigh, NC 27608

**For Additional Information Contact :** Adult Program Staff at 919-996-4720 or 919-996-4730

Keep top portion for your records

**House in the Horseshoe Trip Thursday, April 30, 2015**

I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks.

By signing the Program Registration form, I acknowledge all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program

**Signature of participant**

SIGNATURE

SIGNATURE

**Date signed**

DATE

Name of Participant \_\_\_\_\_ Roommate: \_\_\_\_\_ N/A \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Work/Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**I understand that there is no one-on-one assistance provided by Raleigh PRCR Adult Program Staff**

**Initial**

INITIALS

Payment by Credit Card (check one):  Visa  MasterCard  American Express

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Amount to be Charged: \_\_\_\_\_ Signature: \_\_\_\_\_ Todays Date: \_\_\_\_\_

**NON-DISCRIMINATION POLICY:** The City of Raleigh does not discriminate on the basis of race, color, national origin, sex, religion, sexual orientation or disability in employment opportunities or the provision of services, programs or activities. A participant alleging discrimination on the basis of the aforementioned areas may file a complaint with either the Director of Raleigh Parks and Recreation Department or the Office of Equal Employment, US Dept. of the Interior, Washington, DC, 20240. The Raleigh Parks and Recreation Department will attempt to provide reasonable accommodations for program participants when the need or accommodation is requested in advance. To ensure a medically safe and appropriately planned program, please list (optional) any special needs or precautions which may require program accommodations for participation (i.e. visual or hearing impairment, mental or physical disability, heart condition, history of seizures, allergies, communicable diseases, diabetes, hemophilia, asthma, etc.):