



# Adult Program Trip

## Angier, NC

### Friday, August 26, 2016

**Are you a wine connoisseur?** Then join us on this tasty trip to Gregory Vineyard & Winery in Angier, NC. We will be leaving from Anne Gordon Active Adult Center at Millbrook Exchange Park (1901 Spring Forest Road) at 10:00am.

Our trip starts with a delicious buffet lunch at Simonz Restaurant. Then we are off to the highlight of the day, Gregory Vineyards & Winery. Enjoy the beautiful scenery while sitting on the front porch, go for a very informative tour and wine tasting. You will learn how the grapes are processed. A trolley ride will take you to the still where they make their wine and brandy. During the wine tasting you will be tasting 12 fortified and unfortified wines. You will have the opportunity to make purchases before we leave. Our last stop will be Sunni Sky's Homemade Ice Cream to try some free samples, and purchase on your own. They have over 120 flavors, all of which are homemade on site.

We always encourage participants to wear comfortable walking shoes and clothing. The group will arrive back at the Anne Gordon Center in Raleigh at approximately 4:15pm.

#### **Price:**

\$47.00 City of Raleigh Resident

\$62.00 Non-City of Raleigh Resident

#### **Price Includes:**

Transportation via departmental bus, Simonz Restaurant buffet lunch, tour and tasting at Gregory Vineyard & Winery. You purchase any wines and the Sunni Sky's ice cream on your own.

#### **Patron Expectations:**

This trip has a moderate 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:**

Anne Gordon Center for Active Adults

*Adult Program*

1901 Spring Forest Road Raleigh, NC 27615



**RALEIGH** Parks,  
Recreation and  
Cultural Resources  
parks.raleighnc.gov

Five Point Center 919-996-4730

Anne Gordon Center 919-996-4720

Walnut Terrace Center 919-996-6160



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

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

Anne Gordon Center for Active Adults

Adult Program

1901 Spring Forest Road Raleigh, NC 27615

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

Keep top portion for your records

**Gregory Winery Friday, August 26, 2016**

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.):