



Adult Program Trip

Ellerbe, NC Trip

Tuesday, April 19, 2016

Are you interested in history, love artifacts, and learning about Indian Mounds?

Join us for an adventure. We will be leaving from Anne Gordon Active Adult Center at Millbrook Exchange Park (1901 Spring Forest Road) at 8:00am.

Our adventure begins at the Rankin Museum of American Heritage where you can explore the three main areas of interest which include Natural History, American Heritage, and Native American culture. Next we will enjoy a group lunch at the Ellerbe Springs Inn Spring House restaurant. Ellerbe Springs Inn's history begins around 1887 with the healing waters of the springs. We will enjoy a guided tour of the now Bed and Breakfast as well as the property, learning about the history and all of the unique establishments it housed.

At our last stop we will visit the Town Creek Indian Mound. This site is an unusual phenomenon in the history of North American archaeology and is considered one of the most popular state historic sites in North Carolina. Tour the reconstructed ceremonial center including the mound and major temple, the minor temple, and burial house or mortuary.

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 5:30pm.

Price:

\$65.00 City of Raleigh Resident

\$80.00 Non-City of Raleigh Resident

Price Includes:

Transportation via motorcoach, Rankin Museum, Ellerbe Springs Inn group lunch and tour, and the Town Creek Indian Mound Tour.

Patron Expectations:

This trip has a moderate/high volume of walking expected, including steps, and uneven paths with loose bricks and gravel. Patrons 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 27608



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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\$65.00 City of Raleigh Resident

\$80.00 Non-City of Raleigh Resident

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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 919-996-4730 or 919-996-4720

Keep top portion for your records

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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

Date signed

SIGNATURE

SIGNATURE

DATE

Name of Participant _____ Room-
mate: _____ 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.):