



Adult Program Trip

Newton, NC Trip

Saturday, October 24, 2015

Step back in time while you enjoy historical structures, artisans and craftsmen at the annual Hart Square Festival. We will be leaving from Anne Gordon Active Adult Center at Millbrook Exchange Park (1901 Spring Forest Road) at 6:30am. There will be rest stops en route.

We will be traveling to Newton/Vale, North Carolina where you will have time on your own to explore the historical 101 furnished structures that Dr. Bob Hart has lovingly restored. He has recreated an entire 19th century village, depicting the NC lifestyle on 200 acres created as a wildlife preserve. It is the largest collection of original historic log buildings. There will be guides at each building to give you the history and answer your questions. Food will be available for you to purchase on site, including hotdogs, hamburgers and stone baked pizza. Shop and enjoy the works of more than 250 artisans and craftsmen that will be there to gin cotton, making brooms, spin clay and much more.

We always encourage participants to wear comfortable walking shoes and clothing. Old shoes are highly recommended for this trip due to the fact that this location is made up of historical features and the pathways are not paved and buildings do not have handicap accessibility for wheelchairs. However, if you use a cane you should be able to navigate the area. The group will arrive back at the Anne Gordon Center in Raleigh at approximately 8:00pm.

You must register by September 11 for the group registration prices. After September 11, individuals must call for ticket prices and availability.

Price:

\$100.00 City of Raleigh Resident

\$115.00 Non-City of Raleigh Resident

Price Includes:

Transportation via charter bus and Hart Square Festival entrance, meals are 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. This location is not wheelchair accessible. 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.



RALEIGH Parks,
Recreation and
Cultural Resources
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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\$115.00 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

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.):