



# Adult Program Trip

## Raleigh, NC Trip

### Thursday September 24, 2015

**Interested in learning about new things? This trip is filled with facts and technology.** We will be leaving from Anne Gordon Active Adult Center at Millbrook Exchange Park (1901 Spring Forest Road) at 9:30am.

The day will start with a guided tour of the fascinating new technology at the James B. Hunt Library, located at the NC State University Centennial Campus. This library is a new benchmark for libraries and learning spaces. We will see a demonstration of the BookBot, a robotic system of book storage and retrieval. This system can store up to 2 million items and deliver any of them within 5 minutes of a click in the online catalog.

Enjoy a delicious group meal at Tyler's Taproom before we head to our last stop. We will have a guided tour of the NC Highway Patrol Training Center. Learn about the training our highway patrol men go through and the equipment used, including driving techniques to stop cars on the road. We'll also visit the museum to hear about the history of the NC Highway Patrol and the stories of fallen officers. The group will arrive back at the Anne Gordon Center in Raleigh at approximately 3:00pm.

**Price:**

\$33.00 City of Raleigh Resident

\$48.00 Non-City of Raleigh Resident

**Price Includes:**

Transportation via department bus, James B. Hunt Library & NC Highway Patrol Training Center, guided tours and Tyler's Taproom group lunch.

**Patron Expectations:**

This trip has a moderate/high volume of walking expected. 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 27608



**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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**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

**Raleigh, NC Thursday September 24,2015**

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

**Please mark your lunch choice below:**

Original Taproom Burger

Portabella Sandwich

Beer Battered Cod Sandwich

Pear Salad w/ chicken

Pear Salad w/o chicken

Herb Chicken Sandwich

Pulled Pork Sandwich

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.):