## 2021 Belfast Research Trip 22-29 October 2022

| Your Name  | Roommate:                  |                         |  |  |
|--|----------------------------|-------------------------|--|--|
| Address:   |                            |                         |  |  |
| City, State, Zip:  |                            |                         |  |  |
| Phone:   |                            |                         |  |  |
| Email (required):  |                            | ·                       |  |  |
|  |                            |                         |  |  |
| Costs  |                            |                         |  |  |
| Researcher(s) (per person, double occupancy)   | \$2,000                    | 0.00                    |  |  |
| Researcher (per person, single occupancy)  | \$2,500                    | ).00                    |  |  |
| Non-researching companion  | \$1,050                    | 0.00                    |  |  |
| Additional nights at the Hilton Hotel (per person, do  | ouble) \$ 10.              | 5.00                    |  |  |
| Additional nights at Hilton Hotel (per person, single  | \$ 180                     | 0.00                    |  |  |
| Hotel includes room and Irish breakfast each day: incidentals are the responsibility of the participant. The tour begins and ends at the Belfast Hilton hotel and participants are responsible for their airfare and ground transportation. Pricing may be adjusted based on the value of the Pound Sterling on 15 June 2022.  Registration Deposit - \$500 per person (non-refundable)  (Paid in U.S. Dollars from a U.S. Bank to Donna M. Moughty) |                            |                         |  |  |
|  |                            |                         |  |  |
| *Balance Due   |                            |                         |  |  |
| One half of the balance due payable 1 May 2022   |                            |                         |  |  |
| Final Payment Due 30 June 2022   |                            |                         |  |  |
| Cancellation: Prior to 30 June 2022 all monies except the depo-<br>monies can be refunded unless a replacement is found. (Travel<br>10 participants is required for the trips and a final decision on t  | Insurance is strongly reco | ommended.) A minimum of |  |  |

Completed Registration Form, check and signed Release of Liability should be mailed to:

made not to go, a full refund including your deposit will be made.

Donna M. Moughty
14909 Secret Harbor Place
Lakewood Ranch, FL 34202
Email questions to moughty@mac.com or call 203 247-0878

## **RELEASE OF LIABILITY**

| KNOW ALL PERSONS BY TH   | HESE PRESENTS:   |  |  |  |
|--|--|--|--|--|
| That I, receipt and sufficiency of wh Moughty, her agents, serva representatives, affiliates, sucmight be claimed to be lia undersigned, but all express and demands which I now I injuries and damages of any damages that may develop i Research Trip. | nich is hereby acknowledgents, employees, successons and assigns, and able, whether or not hereby denying liability, from have or may hereafter have and every kind, to both | ged, do hereby release and ors and assigns, and their any and all persons, firms or ein named, none of whon any and all actions, cause we, arising out of or in any person and property, and a | respective heirs, personal or corporations liable or who hadmit any liability to the s of action, lawsuits, claims way relating to any and all also any and all injuries and |  |
| It is understood and<br>of the aforesaid actions, co-<br>agreement between the parti<br>Furthermore, this Release sh<br>administrators, personal rep<br>governed by the laws of the S  | auses of action, claims<br>ies; and that the terms of t<br>hall be binding upon the<br>presentatives, successors   | and demands; that this Fi<br>this Agreement are contract<br>a undersigned, and his/her   | ual and not merely a recital. respective heirs, executors,   |  |
| I have read, understand confirm that by signing have signed this Agreement promise or guarantee being complete and unconditional year of age or older and men  | this WAIVER AND RELE<br>t freely, voluntarily, unde<br>g communicated to me.<br>Il WAIVER AND RELEASI  | ASE I have given up consider no duress or threat of dominature is proof of E of all liability to the full  | uress, without inducement, my intention to execute a   |  |
| Date   |  |  |  |  |
| Printed Name   |  |  |  |  |
| Signature  |  |  |  |  |
| Emergency Contact Information:   |  |  |  |  |
| Name P   | Phone  | Email  | Relationship   |  |