

Girlfriends' Mystery Tour R.S.V.P. Form/Fall 2010

PLEASE CHECK TRIP ATTENDING: Saturday, September 11th _____

Saturday, October 9th _____

(Registrations are accepted until bus capacity is reached.)

**Please reserve a seat for me. I have enclosed my check for \$140 payable to Girlfriends' Mystery Tours, LLC.
This fee is not refundable unless my reservation can be filled from a waiting list.**

Send form and check to: Girlfriends' Mystery Tours, c/o Joyce Myers, 137 Redwood Dr., Apple Valley, MN 55124

Name _____

Address _____

City / State _____ Zip Code _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

E-Mail _____

Birth Date (Month/Day) ____/____ I am 21 years of age or older _____

Other Girlfriends attending tour _____

_____ This is my first Girlfriends' Mystery Tour

_____ I have participated in other Girlfriends' Mystery Tours

Dates _____

Waiver of Liability and Assumption of Risk Agreement: In consideration of and as a condition of participation in the Girlfriends' Mystery Tour on September 11 or October 9, 2010, I for myself, my heirs, personal representatives or assigns, do hereby release, waive discharge, and are not to sue Girlfriends' Mystery Tours, LLC, or any of the individuals or parties involved in the organization and hosting of the Girlfriends' Mystery Tour from any and all liability and all claims resulting in personal injury, accident or illness (including death), and property loss arising from or related to my participation in the Mystery Tour event. I understand and appreciate that participation in this event carries with it certain inherent risk common to a group tour of public and private locations and facilities including transportation to and from the event(s) and agree to knowingly assume all such risks. I also understand and agree that I accept all responsibility and assume all cost and expense in the event of injury, accident illnesses or property loss.

Signature of Participant

Date