



DATE FILED:

TRAVEL MASTERS MEMBER INFORMATION & RELEASE

In order to better serve the Travel Master, we ask that you take the time to complete this card and turn it back in to the Travel Masters office before any travel is made.

Travel Masters
P.O. Box 827
1660 West U.S. Hwy. 412
Siloam Springs, AR 72761
479-524-4444
Cell Phone: 479-238-6656

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Decatur State Bank
P.O. Box 38
372 Hwy. 59 N.
Decatur, AR 72761
479-752-3281

*I need Travel Masters to provide a wheel chair on the motorcoach.
I understand I will have a partner traveling with me to assist me.*

Arrange wheel chair assistance for me when travelling thru an airport.

Bank of Siloam Springs
P.O. Box 827
1660 West U.S. Hwy. 412
Siloam Springs, AR 72761
479-524-4444

SPECIAL MEDICAL NEEDS

If you have any physical disabilities, medical condition or dietary conditions which will require special attention, please explain.

MEDICATION INFORMATION

If you are taking medication under a physician's supervision, please give details.

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
City: _____ State: _____ Zip Code: _____
Doctor's Name: _____ Phone #: _____
Doctor's Name: _____ Phone #: _____

SECOND EMERGENCY CONTACT:

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
City: _____ State: _____ Zip Code: _____
Doctor's Name: _____ Phone #: _____
Doctor's Name: _____ Phone #: _____

TRAVEL RELEASE:

I have elected to become a member of, or travel with, Travel Masters, an Arkansas travel program sponsored by Decatur State Bank, Decatur Arkansas; and,

I realize that in order to make it possible for me to participate in trips offered by the Travel Masters, it will be necessary for Travel Masters to arrange for travel, accommodations, food, and lodging through various independent providers.

By my signature below, I and my successors and assigns, release and hold harmless, the Travel Masters and Decatur State Bank, as well as all officers, directors and employees, owners and affiliates of those organizations from any and all liability direct and indirect resulting from any and all accidents, personal injuries, lost personal articles, loss of time and/or income, in connection with any accidents or unscheduled changes which occur on the above described trips.

Signature

Print Name

Witness: