



# Ticket Order Form



George L. Carter Chapter NRHS and  
George L. Carter Railroad Museum Inc, ETSU

Office Use

PLEASE USE ONE FORM PER PARTY SO YOU ARE ON THE SAME BUS OR NOTE WHAT OTHER PARTY YOU WANT TO RIDE WITH.

## Fall Excursion to the Great Smoky Mountains Railroad – Sunday, Oct. 8, 2023

# Adults \_\_\_\_\_ \$125.00 each (Seniors are same price as Adults.) Total \$ \_\_\_\_\_

# Children (3-12) \_\_\_\_\_ \$105.00 each

# Infant in Arms (2 and under) \_\_\_\_\_ - No Charge

Total Number in Party requiring seats on the same bus (not counting infants). \_\_\_\_\_

NO smoking or alcoholic beverages are permitted on the bus or train.

Name (Last name will be party name) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Home) (Cell)

Email address \_\_\_\_\_

If you have email, please furnish us with the address in the event we need to contact you or send you further information. If you do **NOT** want us to add you to our mailing list, please tell us. Your email address will remain confidential in either case.

(Optional) First and Last Name of Traveling Companions in another Party. \_\_\_\_\_

**Deadline: September 22, 2023.** Make check or money order (no cash or electronic payments please) payable to: George L. Carter Chapter, NRHS and mail with this completed form and a signed copy of the Liability Waiver form to:

*George L. Carter Chapter, NRHS*

**Attn: Catherine Cummins**

*PO Box 70697*

*ETSU*

*Johnson City, TN 37614*

For further information please contact: Catherine Cummins at (225) 229-5653 or [catherinecummins995@gmail.com](mailto:catherinecummins995@gmail.com).

Directions and a map to the parking lot will accompany ticket confirmation, which will be mailed to you. **If you do not receive a ticket confirmation before Monday, Oct. 2, 2023 please contact Catherine Cummins immediately!**



**The George L. Carter Chapter, NRHS  
And  
The George L. Carter Railroad Museum, Inc, ETSU  
Johnson City, TN**



**RELEASE/HOLD HARMLESS AGREEMENT**

Please return with Ticket Request Form

Office Use
------------

Release executed by \_\_\_\_\_ (full name of responsible individual), of \_\_\_\_\_ (full address) to George L. Carter Chapter, NRHS and George L. Carter Railroad Museum through East Tennessee State University, Johnson City, Tennessee (“Institution”).

I (We) voluntarily participate in the following activity sponsored/organized through these Institutions.

Below identify the specific activity and date(s) the activity will take place:

On Sunday, October 8, 2023 we will leave by charter bus from the ETSU campus, Johnson City, TN and go to Bryson City, NC. We will ride the Great Smoky Mountains Railroad. We will eat meals at restaurants and/or the Club Car of the train. We will then leave by charter bus and return back to the ETSU Campus in Johnson City, TN. Meals are not included in the Ticket Price.

I (We) have full knowledge of the risks that may be involved and which are not limited to travel and the related activities. I (We) further understand that serious accidents occasionally occur during this type of Activity and that participants in this Activity occasionally sustain mortal or serious personal injuries and/or property damage as a result of participating in this Activity.

I (We) assure officials of the Institution that there are no health-related or other reasons or problems which preclude or restrict my (our) participation in this Activity.

I (we) understand and agree that the Institution does not have medical personnel available at the location(s) of this Activity. I (we) understand and agree that the Institution’s volunteers are granted permission to authorize emergency medical treatment, if necessary, and that this action shall be subject to the terms of this agreement. I (we) understand and agree that the Institution and its volunteers assume no responsibility for any injury or damage which might arise out of, or in connection with, any authorized emergency medical treatment.

I (we) assure officials of the Institution that I (we) have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my (our) participation in this Activity and that I (we) will indemnify and hold the Institution harmless.

To the extent permitted by law and knowing the risks of this Activity, I (we) hereby release, waive, forever discharge, covenant not to sue and agree to hold harmless the Institution, including its governing board, officers, agents, volunteers, and employees from any liability whatsoever arising out of my (our) participation in this Activity, or in transit to or from this Activity, including but not limited to medical bill, court costs and attorneys' fees, any damage to my (our) property or the property of others, or to others through my (our) participation in this Activity.

It is my (our) express intent that this release and hold harmless agreement shall bind the members of my (our) family and spouse, if applicable, if I (we) am alive, and my estate, heirs, administrators, personal representatives, or assigns, if I (we) am deceased, and shall be deemed as release, waiver, discharge and covenant not to sue the Institution. I (We) further agree to save and hold harmless, indemnify and defend the Institution from any claim by me (us), or by my (our) family, arising out of my (our) participation in this Activity.

I (we) further agree that this agreement shall be construed in accordance with the laws of the State of Tennessee. If any of the terms or provisions of this agreement shall be held illegal, unenforceable or in conflict with any law governing this agreement, the remaining provision shall remain in full force and effect.

In consideration of my (our) participation in this Activity, I (we) execute this document with full knowledge of the contents and consequences stated in this Release.

**IN WITNESS WHEREOF**, I (we) have executed this Release on this \_\_\_\_\_

Day of \_\_\_\_\_, 2023

**THIS IS A RELEASE - READ BEFORE SIGNING**

By one person signing this release, it is understood that **all** members in your party will be bound by this agreement. Please print more names as needed for nametags.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)