

**2019 Dublin Research Trip  
6-12 October 2019**

Your Name \_\_\_\_\_ Roommate: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email (required): \_\_\_\_\_

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**Costs**

____ Researcher(s) (per person, double occupancy)	\$2,200.00	_____
____ Researcher (per person, single occupancy)	\$2,900.00	_____
____ Non-researching companion	\$1,200.00	_____
____ Additional nights at Buswell's (per person, double occupancy)	\$ 155.00	_____
____ Additional nights at Buswell's (per person, single occupancy)	\$ 300.00	_____

Hotel includes room and Irish breakfast each day: incidentals are the responsibility of the participant. The tour begins and ends at Buswell's Hotel and participants are responsible for their airfare and ground transportation. Pricing may be adjusted (either up or down) based on the value of the Euro on 1 September 2019. There are a limited number of rooms available for Saturday night (which is recommended since flights from the US are overnight).

**Registration Deposit** - \$500 per person (non-refundable) \_\_\_\_\_  
(Paid in U.S. Dollars from a U.S. Bank to Donna M. Moughty)

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**Balance Due**

One half of the balance due payable 1 May 2019 \_\_\_\_\_  
Final Payment Due 30 June 2019 \_\_\_\_\_

Cancellation: Prior to 30 June 2019 all monies except the deposit (\$500) will be refunded. After 30 June 2018 no monies can be refunded unless a replacement is found. (Travel Insurance is recommended.) A minimum of 15 people are required to make the trip. If that number is not reached prior to 15 June 2019 an evaluation of the feasibility will be made and if the trip is cancelled, all monies will be refunded.

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

Donna M. Moughty  
14909 Secret Harbor Place  
Lakewood Ranch, FL 34202

Email questions to [moughty@mac.com](mailto:moughty@mac.com) or call 203 247-0878

**RELEASE OF LIABILITY**

KNOW ALL PERSONS BY THESE PRESENTS:

That I, \_\_\_\_\_, for and in return for sufficient, good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, do hereby release and forever discharge Donna M. Moughty, her agents, servants, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all actions, causes of action, lawsuits, claims and demands which I now have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the following: **2019 Dublin Research Trip.**

It is understood and agreed that this release is made in full and complete settlement and satisfaction of the aforesaid actions, causes of action, claims and demands; that this Release contains the entire agreement between the parties; and that the terms of this Agreement are contractual and not merely a recital. Furthermore, this Release shall be binding upon the undersigned, and his/her respective heirs, executors, administrators, personal representatives, successors and assigns. This Release shall be subject to and governed by the laws of the State of Florida.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 year of age or older and mentally competent to enter into this waiver.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**Emergency Contact Information:**

<b>Name</b>	<b>Phone</b>	<b>Email</b>	<b>Relationship</b>
_____	_____	_____	_____