**Visit Shelburne Vineyard, Fiddlehead Brewery & Folinos**

Hop on our bus and get a behind-the-scenes tour of a local winery and brewery. Enjoy award winning VT wines with artisan cheese pairings. Then over to the brewery to enjoy a locally produced beer. (lunch can be purchased separately at Folinos at the Fiddlehead & Folinos location)

**Saturday, October 17, 2015**

**11 AM - 3:30PM**

Bus leaves from Waterman at 11:00am and returns at 3:30pm

*Participants must be 21+ to attend*

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<thead>
<tr>
<th>Name(s): ___________________________</th>
<th>Pronoun: __________</th>
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<td>University address: __________________________</td>
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<td>University phone: ___________________</td>
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<td>Email: ____________________________</td>
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<tr>
<td># of UVM Staff/Foundation/Retirees: ________ @ $35 each = ___________</td>
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<tr>
<td># of non-UVM guests: ____________ @ $40 each = ___________</td>
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<td><strong>Total Amount Enclosed:</strong> $_________</td>
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Participants must be 21+ to attend

Each participant must sign a Risk & Release Form for UVM and VT Farm Tours

Deadline for Reservation, with check made out to UVM, and signed Risk & Release Form(s) - Fri, Oct 9, 2015

Call 656-4493 or email staff.council@uvm.edu with any questions or if you need special accommodations.
ASSUMPTION OF RISK AND RELEASE

PARTICIPATION IN: UVM Staff Council Social Committee
VT Farm Tours: Shelburne Vineyard & Brewery Tour – October 17, 2015

In consideration of being permitted to participate in the above-indicated activity sponsored or partially sponsored by the UVM Staff Council on Saturday, October 17, 2015. I, the undersigned, in full recognition of the dangers and hazards associated with such activity, do hereby agree to assume all risks and responsibilities associated with my transportation to and from, and my participation in, the activity. I do therefore for myself, my heirs and personal representatives agree to hold harmless, indemnify, release and forever discharge the University of Vermont and State Agricultural College and/or its Board of Trustees, Officers, Agents and/or employees from and against all claims, demands and actions or causes of action on account of personal injury or death or damage to personal property which may arise out of or result from my participation in such activity as described above.

ONE FORM PER PARTICIPANT

PARTICIPANT’S NAME __________________________________________ (PLEASE PRINT)

SIGNATURE____________________________________________ DATE__________

PARTICIPANT’S CELL PHONE # (EMERGENCY USE ONLY): ________________________

EMERGENCY CONTACT NAME ______________________ PHONE ____________

MUST BE 21+ TO ATTEND

THIS RISK & RELEASE FORM MUST ACCOMPANY YOUR REGISTRATION FORM AND PAYMENT AND BE RECEIVED BY THE STAFF COUNCIL OFFICE BEFORE END OF BUSINESS ON FRIDAY, OCTOBER 9, 2015.

Staff Council Office, 313 Waterman Bldg., 85 South Prospect Street, Burlington, Vermont 05405
Telephone: (802) 656-4493, Email: Staff.Council@uvm.edu, Website: www.uvm.edu/~stffcncl
Name: ____________________________________________

Email: ____________________________________________

Include your email to receive the quarterly Vermont Farm Tours newsletter. We do not share your information.

Phone: ____________________________________________

Only used if we need to contact you about your tour.

Do you have any food allergies?

If yes, please explain:

_____________________________________________________________________________________

_____________________________________________________________________________________

Do you have any dietary, mobility, or other needs?

If yes, please explain:

_____________________________________________________________________________________

_____________________________________________________________________________________

Terms - Please Read:

While we always strive to make your experience a great one, aspects of each tour are dependent on circumstances beyond our control (such as weather or the seasonal availability of certain foods). Please come prepared for whatever the season has to offer. Please notify us of any food allergies, dietary restrictions, mobility concerns or other special needs when booking your tour, prior to the tour itself. We will accommodate you to the best of our ability. We may take photo and/or video of you during the tour. If you prefer that we do not use images or video of you, please let us know.

☐ Check if you Agree with the Terms outlined above

Signature of Participant: ____________________________________________

Date: ___________________