

HARRIS COUNTY PRECINCT 2 TRIP POLICY



**ADRIAN
GARCIA**
COMMISSIONER

Harris County Precinct 2 promotes senior engagement and activity for the enjoyment and recreation of the community members. The following policy is to ensure the safety of the community while engaging in county-sponsored day trips on county buses (or other transport vehicles). This policy encourages leisure while protecting participants, non-participants, Harris County employees, and volunteers.

Alcohol consumption is prohibited at all times in Harris County, playing fields, playgrounds, family areas, and all events geared toward youth. Any alcohol usage is restricted to designated areas and travel destinations, as permitted. Excessive consumption of alcohol will not be permitted. Carrying alcohol is prohibited on day trips and/or in county vehicles.

Harris County Precinct 2 and any of its employees or volunteers are not liable for any property damage, fines, arrests, injuries, dismemberment, or deaths resulting from participant inebriation on day trips.

Weapons and firearms of any kind are strictly prohibited on all trips. For the safety and well-being of the community, Harris County Precinct 2 employees, volunteers, participants, and individuals unwilling to comply with these guidelines will be not permitted to participate in day trips.

I, _____, have read and understood the trip Policy and agree to the terms. I have read and considered any warning and risks. I have elected to be a participant and I agree to comply with the Policy.

Participant's Signature: _____ **Date:** _____

Participant's Printed Name: _____

EMERGENCY MEDICAL FORM



**ADRIAN
GARCIA**
COMMISSIONER

Name: _____

Phone: _____

Email Address: _____

Address: _____

City: _____

Zip: _____

*For SJBA Trip: Church you attend: _____

Emergency Contact: _____

Phone: _____

Alternate Contact: _____

Phone: _____

Allergies: _____

Medic Alert: _____

List Medical Equipment:

Additional Information:

Participant's Signature: _____ **Date:** _____

Participant's Printed Name: _____

Please Note: Emergency medical information is required to be carried on ALL trips.