

MACKINAC ISLAND

Grand Experience

October 15-18, 2024



ENJOY THE BEST OF MACKINAC ISLAND!

Included in your trip:

- Accommodations at Grand Hotel (rooms are luck of the draw), including baggage handling, taxes, and tips
- Deluxe Motorcoach transportation to and from the Novi Civic Center
- Full breakfast each morning and five-course meal each evening
- Tea and cookies each afternoon
- Special champagne reception
- Nightly demitasse
- Nightly dancing with the Grand Hotel Orchestra
- Grand Hotel history lecture
- Carriage Tour of the island
- Tournaments (bocce, golf putting and chipping)
- Self guided walks, writing contests, movies, daily activities, bingo, and evening entertainment
- Round trip ferry tickets and horse drawn taxi to and from Grand Hotel
- Discounts on bicycle rental, golf, photos and fudge

Price

<u>Novi Resident</u>	<u>Non-Resident</u>
Single: \$1425/pp	Single: \$1568/pp
Double: \$1150/pp	Double: \$1265/pp
Triple: \$1060/pp	Triple: \$1166/pp

**\$450 per person due upon registration.
Balance due August 9, 2024.**

Please complete the back of this form and mail/deliver it to the Novi Civic Center.
Make checks payable to: City of Novi. Call 248.347.0414 for more information.



This trip is offered for adults ages 50+.



MACKINAC ISLAND – GRAND EXPERIENCE

October 15-18, 2024

Registration Form

Name _____ Phone (_____) _____

Address _____ City _____ ZIP _____

Birthdate ____/____/____ Email address _____

Work/Emergency Phone (_____) _____

Please check: Single Double Triple

How would you like your name to appear on your name badge? _____

Roommate Name(s) _____

Do you have any medical concerns we should be aware of? _____

WAIVER FOR PARTICIPATION:

Release, Waiver and Assumption of Risk

As a registered participant, or parent/legal guardian of a registered participant, in the listed activity or event, I am aware of and understand the risk involved with my, or my child's, participation in this activity, including, but not limited to, cuts, bruises, broken bones, and other injuries, damages, or losses. I hereby agree to assume all risk of injury, damage to persons or property, or death resulting from my, or my child's, participation in this activity or event and the use of City of Novi facilities or services. I hereby release and discharge the City of Novi, its officers, agents, employees, volunteers, sponsors, and organizers from any and all liability for any injury (including but not limited to death, damages, or loss, that arises due to negligence or gross negligence) that I, or my child, may have or incur as a participant in the listed activity or event, and further agree to indemnify and hold harmless the City and its officers, agents, employees, volunteers, sponsors, and organizers from and against any and all liability that may be suffered by me or my child as a result of, or in any way connected to, my or my child's participation in the listed activity or event. This Release, Waiver and Assumption of Risk shall be binding upon my heirs and dependents.

Photo/Video Authorization. I hereby give my consent for the City of Novi to use photos/video coverage of myself and/or minor child participating in a City of Novi sponsored program or event in future marketing materials. I acknowledge those pictured will only be named with their consent, or parent/guardian consent if younger than 18 years of age. I acknowledge event attendees must contact the photographer at the event if they wish themselves/their children to not be photographed.

Health of participant. I verify that I am or my child is in good physical condition and do/does not have any signs or symptoms of illness of any kind that would either affect my or my child's ability to participate in the listed activity or would lead to the transmission of a disease or infection to others.

We strongly urge you to select travel insurance, so your expenses are covered in the case of an emergency, and you are unable to travel. Be sure to pick up the travel insurance paperwork when you make the deposit. Insurance companies require policies to be purchased within a specified timeline to qualify for pre-existing medical conditions. I understand I **DO NOT** receive a refund after **August 9, 2024**, and if I request a refund before this date, a \$45.00 administrative fee, per person will be deducted.

Please check: **YES**, I will purchase my own insurance **NO**, I do not want insurance

Signature _____ Date _____