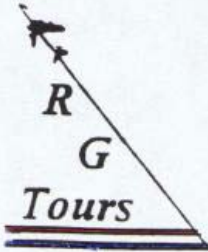


RG TOURS: ADULT DISCLAIMER FORM

This instrument prepared by: George M Germann Esquire
George M. Germann P.A
5151 Commercial Way
Spring Hill, Fl. 34606
(904) 596-0526



I, the undersigned _____, acknowledge my voluntary participation in the trip from _____ to _____ on the tentative dates of _____.

I acknowledge that I have been fully advised as to the anticipated itinerary of the trip and, further acknowledge that I have stated my objection(s), if any, to my participation in any portion of such itinerary.

I authorize Mr. Richard Gill to obtain, in his sole discretion, necessary medical treatment in the event of injury or illness and the undersigned agrees to pay any expenses incurred for this treatment.

I release Mr. Richard Gill from any and all claims which may arise out of an illness or injury and/or treatment of such injury or illness resulting from simple negligence. I further agree not to institute or be a party to any suit against Mr. Richard Gill and his family, which may arise as a result of my attending any of the events included in the _____ trip which have been disclosed and described to me, and to which I have not objected.

Date

Signature

Home telephone

Street address

Work/cell phone

City, State, ZIP

State of Florida:
County of Florida:

The foregoing instrument was acknowledged before me this ____ day of _____, 200__ by _____ who is personally known to me OR who has produced _____ as identification.

My commission expires:

Notary Public,
State of Florida at large

Signature of Participant: