



North Shore Bank Customer Care Trip Profile

Please be assured all information will be kept strictly confidential!

Traveler's Details for the _____ on _____
Program Trip Date

First Middle Last Preferred Nickname

Address _____

City _____ State _____ Zip Code _____

Primary Phone Number _____ Secondary Phone Number _____

Email Address _____

Emergency Contact Information:

1) _____
Name Relationship Phone Number

2) _____
Name Relationship Phone Number

Any medical condition(s) the trip hosts should be aware of for your travel comforts, i.e. extensive walking may make some tours challenging, allergies, dietary - no red meat, seafood or fish, etc.? Please explain:

North Shore Bank together with P.M. Mueller & Associates, Inc. (PMM Team) acts solely in the capacity of arranging for services of this activity. The PMM Team does not assume, and in fact expressly disclaims any liability for injury, damage, loss, accident or delay due to any act, negligence or fault of any suppliers and their employees, agents or servant, engaged in transporting passengers or rendering any services, or carrying out the arrangements for any activity. The PMM Team shall not be liable for any additional expenses sustained by the undersigned as the result of any delay or change in itinerary including those delays or changes caused by fire, theft, and act of God.

I understand that this agreement is a release of liability between North Shore Bank, their representatives, The PMM Team and myself, as well as my representatives, arising from my participation in any travel function or program sponsored by North Shore Bank.

Name _____

Signature _____

Date _____

Please return completed form along with your trip registration and check made payable to P.M. Mueller & Associates, Inc. to a North Shore Bank Representative