



# New England Botanic Gardens

## & Brunch @ Cyprian Keyes Golf Club

MAY 7, 2024



Join Raymond Recreation for a welcome spring trip to remember!! We will be having brunch at Cyprian Keyes Golf Club and then visiting the beautiful Botanic Gardens at Tower Hill in Boylston, Massachusetts. **We will be walking through the gardens, please dress appropriately. There are many benches and seating areas to take a break and enjoy the beauty around you.**

Our first stop will be to enjoy a delicious brunch at Cyprian Keyes Golf Club. Come hungry, our buffet includes, morning pastries, fresh fruit, scrambled eggs, bacon, sausage, home fries, Belgian waffles roasted vegetables, baked haddock, roasted turkey, and for dessert pastries, cookies and brownies.

Bring your camera! The New England Botanic Garden features a variety of distinct garden spaces including public woodlands, naturalistic gardens, formal gardens, and conservatories. Each visit is an opportunity to discover something new! There are many areas to explore both inside and out. Visit the Garden of Inspiration, Field of Daffodils, the Secret Garden, the Apple Orchard and more. Check inside the visitor's center for the Limonaia, Winter Gardens, Gift Shop and restrooms. We'll make a stop at Meola's Wayside Ice Cream for those who want a sweet treat on our way home!

The coach bus will leave at 9:00 am and return at 5:00 pm. The cost for this trip, which includes coach bus transportation, brunch, gardens and all gratuities (including wait staff and coach driver), is \$85 for Raymond seniors (are age 60 or over), \$90 for non-resident seniors and adults.

**BUS REGULATIONS:** Registrants must sit in the same seat(s) on the bus on the return trip as they sat in on the departure. For courtesy sake, you are only allowed to save your own seat and one other. **CANCELLATION POLICY:** To receive a full refund, you must call to cancel at least 7 days before the trip; there is a 50% refund for cancellations after the 7 days but at least 48 hours before the trip. Cancellations on the day of the trip will not be refunded. Full refunds will be issued if we must cancel a trip.

----- DETACH AND RETURN / NEW ENGLAND BOTANIC GARDENS – MAY 7 -----

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

***RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT***

In consideration of the permission granted to the participant named below to participate in the Raymond Recreation Trip, I SHALL RELEASE, WAIVE DISCHARGE AND COVENANT NOT TO SUE the Town of Raymond, Recreation Department, their agent and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant except in the case of gross or willful wanton negligence of the Town of Raymond, Recreation Department its agents and employee or otherwise while the named participant participates in the Raymond Recreation Trip.

I further agree to indemnify the Town of Raymond, Recreation Department, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the Town of Raymond, Recreation Department, their agents and employees become legally obligated to pay including reasonable attorneys' fees and costs, as a result of claims, demands, costs or judgments, against the Town of Raymond, Recreation Department, their agents and employees on account of injury to the person or property or resulting in the death of the named participant except in the case of gross or willful wanton negligence of the Town of Raymond, Recreation Department, their agents or employees and whether or not such liability is sole, joint or several.

I am aware that participation in this program may present a strain on my body, or its parts and therefore I represent to the Town of Raymond, Recreation Department that to the best of my knowledge, I am in proper physical condition to participate and that I assume the risk of participating. I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for my safety.

I have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance. I have executed this release on the date indicated next to my name.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE