

Media Fam Tour Intake Form

The Johnston County Tourism Authority (JCTA) welcomes you to visit JoCo on a hosted press trip. To help us plan your familiarization (fam) tour, please complete the following intake form.

Personal Information

Name (as it appears on your passport or government issued ID)	
Birthdate (mm/dd/yyyy)	
Mobile Phone	
Email	
Where do you reside (city, state; country if outside the U.S.)?	

Travel Information

Desired Arrival Date (mm/dd/yyyy)	
Desired Departure Date (mm/dd/yyyy)	
Is this your first time to the area?	
How are you traveling to the destination?	
Will you be visiting other areas of NC during your travels? (If yes, please list which destinations)	
Do you have any special accommodation requests (e.g. feather-free pillows, room on first floor, accessible room)?	
Do you have any dietary restrictions or allergies?	
Do you have any health concerns or physical limitations that would limit the types of activities you could participate in?	

Itinerary

	ere any specific individuals or organizations like to visit/interview?			
Preferred Itinerary Style (please select one)				
	Complete Itinerary: Set appointments and int built into the day	erviews throughout the day with some free time		
	Flexible Itinerary: Hotel nights booked, but mon my own	ostly suggested meals and attractions I will explore		
	Best of Both: A few set appointments with an	nple time to explore on my own		
Do you plan to include hotel listings or reviews in your coverage?				
	Yes			
	No			

Emergency Contact Information

Emergency Contact & Relationship	
Emergency Contact Phone Number	

Liability Waiver and Release

l,acknowledge that I will be participating in	
a familiarization tour ("Fam Trip") and activities hosted by the Johnston County Tourism Authori	ity
(JCTA) and other participating entities, which may include, but are not limited to, attractions and	d
businesses, rental companies, transportation companies and tour operators.	

By accepting and participating in this Fam Trip, I, for myself, my personal representatives, successors, assigns, heirs, legal representatives and next of kin, represent and agree to waive and release the JCTA and their respective officers, directors, employees and agents (collectively, "JCTA") from and against any and all rights and/or claims I may have for any loss or damage arising out of or in any way related to, directly or indirectly, the Fam Trip.

Specifically, this Liability Waiver and Release is intended to include, but not be limited to, any injuries, illness (please also read and sign the accompanying COVID-19 addendum waiver), loss, or damage that may be caused by the negligence of JCTA in sponsoring and/or organizing the Fam Trip. This Waiver and Release is intended to include, but not be limited

to, any consequential damages, which may result from delays, cancellations, modifications of itineraries, or complaints that arise from transportation or other planned or scheduled activities.

Furthermore, JCTA is not assuming liability for any injury, damage, loss, or accident that may be caused by personal negligence, nor the negligence of those persons or entities that are providing said transportation and/or activities.

I hereby certify that I am 18 years of age or older and that I have read this Liability Waiver and Release and fully understand its contents. I understand that I am giving up rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I understand and agree that this Waiver and Release will be construed in accordance with the laws of the State of North Carolina and the United States of America and that, if any portion of this Waiver and Release is held to be invalid, the balance shall continue in full force and effect.

Participant's Name	Participant's Signature	
Date:		