



MUSEUMS OF WESTERN COLORADO TRIPS & TOURS
 PO BOX 20,000 - GRAND JUNCTION, CO 81502-5020
 970-242-0971 EXT. 2-206

2019

Trip Name: _____ Trip Date: _____
 Name: _____ Phone: _____
 Address: _____ Alt. Phone: _____
 City: _____ State: _____ Zip: _____
 Email: _____

How did you learn of this trip? _____

Are you interested in other MWC trips? Yes: ___ No:___ _____

Are you a member of MWC? Yes: ___ No:___ Would you like Museum membership information? Yes: _____ No: _____

Single Room request: Yes: ___ No:___ Roommate request (If Applicable): _____

Trip Cost \$ _____ Pmt. #1 \$ _____ Date _____ by _____ Pmt. #2 \$ _____ Date _____ by _____ Bal. \$ _____

PLEASE NOTE

- Registration is not complete, and space cannot be guaranteed until full payment (1-day trips) or the required deposit (multi-day trips) is received. ALL trips must be paid in full by the registration deadline date as well as the Registration/Medical Forms for each participant must be completed and signed by the participant(s) or responsible adult and returned to MWC Registrations office.
- All overnight trips are double occupancy unless otherwise noted, single room rates are an additional fee when available.
- All children 17 and under must be accompanied by a responsible, participating adult.

CANCELLATION / REFUND POLICY

- If the museum cancels the trip for any reason, we will make a full (100%) refund to each paid registered participant.
- Participants who cancel prior to the registration deadline will receive an 80% refund; there is a 20% non-refundable deposit fee.
- Participants who cancel on or after the trip registration deadline, will not receive any refund or credit.**
- All 'no-shows' forfeit full price and no refunds or credits will be issued for unused portions of Museum tours.
- These cancellation policies are strictly enforced; we recommend that you purchase trip cancellation insurance to safeguard yourself in a medical situation before or during a tour.**

The undersigned, as a participant in a Museums of Western Colorado trip/tour, will adhere to the highest standards of social, ethical, and scientific behavior and be guided by advice from the Museum staff. The Museums of Western Colorado reserves the right to require withdrawal at any time of any participant whose behavior or health jeopardizes him or her or the welfare of fellow participants or fulfillment of the goals of the tour. **Refunds will not be issued in these cases.**

Permission for Photography:

I hereby grant to the Museums of Western Colorado the right to use and publish photographs of me, or in which I may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; and to alter and composite the same without restriction and without my inspection or approval. I hereby release the Museums of Western Colorado and its legal representatives and assigns from all claims and liability relating to said photographs.

COVENANT & RELEASE

I, _____, being of lawful age, state that I am voluntarily participating in this program/expedition of the Museums of Western Colorado. I hereby covenant not to sue, and I release the Museums of Western Colorado, Inc., Mesa County, Colorado, and their respective officers, officials, directors, employees and agents, from any and all claims, demands, damages, fees or costs, of any nature, arising out of my participation in this Museum program.

Signature: _____ Date: _____



MEDICAL FACT SHEET
Trip Participant

1. NAME: _____ Date of Birth: _____
General Health: _____
Special Dietary Needs: _____

2. IN CASE OF EMERGENCY CONTACT:

a. Name: _____ Relationship: _____
Phone (Day): _____ (Evening): _____
b. Alternative Name: _____ Relationship: _____
Phone (Day): _____ (Evening): _____

3. PHYSICIAN'S NAME: _____ Phone: _____
Preferred Hospital: _____ City/State: _____

4. HEALTH INSURANCE COMPANY / PROVIDER Name: _____

5. DO YOU HAVE ANY MEDICAL CONDITIONS THE MUSEUM SHOULD BE AWARE OF? **(Please be specific)**

a. List any medications you must take during this trip: _____

b. Where is the medication located (i.e., purse, pocket, etc.)? _____

Note: Please have all rescue medications, i.e. inhalers, Epipens®, diabetic supplies, etc., with you at all times.

c. How is rescue medication or treatment to be administered? _____

6. LIST ANY ALLERGIES YOU HAVE (Including food or drug allergies): _____

7. ARE THERE ANY SPECIAL INSTRUCTIONS YOU WISH THE STAFF TO FOLLOW IN CASE OF A MEDICAL EMERGENCY? _____

You must advise the Museum of any disability or recent illness or injury when you make your reservation. The Museum will make reasonable attempts to accommodate the special needs of disabled travelers but is not responsible in the event that such accommodations are not possible. The Americans with Disabilities Act is only applicable within the United States and facilities for disabled individuals are limited outside its borders. We regret that we cannot provide individual assistance to a vacation participant for walking, dining, getting on and off motor coaches and other vehicles, or other personal needs. A qualified and physically able companion must accompany travelers who need such assistance and must assume full responsibility for their well-being.

Signature: _____ Date: _____