



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

2021

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., 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: _____



WAIVER/RELEASE
Trip Participant

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19
ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate/attend on behalf of Museums of Western Colorado and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation/Admission includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation/admission; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation/admission as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation/admission, I will remove myself from participation/admission and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** Museums of Western Colorado their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“**RELEASEES**”), **WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH,** or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant/attendee: _____

Participant/attendee signature: _____

Date signed: _____

FOR PARTICIPANTS/ATTENDEES OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child’s/ward’s presence or participation in these activities as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE**, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____