

art expands minds
art changes lives
visit the museum
experience art
a world of art
awaits you at the
Museum of Art/WSU

MUSEUM OF ART/WSU



Tour Group Form / museum.wsu.edu / 509-335-1910 / Office Hours: M-F, 8am-5pm

Name of Exhibition: _____ **Scheduler Initials:** _____ **Date:** _____

Date of Tour: _____ **Day of Tour:** _____ **Time in MOA from:** _____ **To:** _____

Number in Group: _____ **Number of Chaperones:** _____

Recommended Chaperones for each age group below:

PreK/K	1 adult per 2 children	Grades: 1-2	1 adult per 6 children
Grades: 3-8	1 adult per 10 children	Grades: 9-12	1 adult per 15 children

Complete section below appropriate to tour group you will be bringing to the Museum of Art/WSU

Pullman School

School name: _____
Address: _____
Grade level(s): _____
Teacher: _____
Telephone: _____
E-mail: _____
Travel by: _____

Other Group (Not WSU or Pullman school)

Organization/School name: _____
Address: _____
Grade level(s): _____
Teacher: _____
Telephone: _____
E-mail: _____
Travel by: _____

Buy-A-Busload-of-Kids No _____ Yes _____

Please submit your invoice after tour to: Museum of Art/WSU, Associate Director, PO Box 647460, Pullman, WA99164-7460.

In consideration for and as a condition of being allowed to participate in this voluntary activity, School District releases the state of Washington, the Regents of WSU, WSU, and subdivision or unit of WSU, its officers, employees, and agents ("WSU"), from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which may be brought against or suffered by WSU as a result of the acts or omissions of School District, or which School District may suffer or sustain, including but not limited to as a result of death or injury to its employees or students, in connection with or arising from participation in the event or related activity. Participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, and use of state equipment or facilities for the event whether on or off WSU property.

The representative signing on behalf of the School District acknowledges that he/she has carefully read this document and understands its contents, is fully informed about this program and circumstances, is aware that this document is a contract with WSU, and signs it freely and voluntarily on behalf of the School District.

Signature/Responsible Party: _____ Date: _____

URGENT! Please Fax Signed Copy Of Document Back To The Museum Of Art/WSU At: 509-335-1908

Approved - Office of Business Affairs, March 2011

address: Fine Arts Center, rm 6077, PO Box 647460, Pullman, WA 99164-7460 / **phone:** 509-335-1910 / **web:** museum.wsu.edu