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:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Adult to Child Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>PreK/K</td>
<td>1 adult per 2 children</td>
</tr>
<tr>
<td>Grades 3-8</td>
<td>1 adult per 10 children</td>
</tr>
<tr>
<td>Grades 1-2</td>
<td>1 adult per 6 children</td>
</tr>
<tr>
<td>Grades 9-12</td>
<td>1 adult per 15 children</td>
</tr>
</tbody>
</table>

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