

REQUEST FOR **K-12 SCHOOL-AGE** TOURS:

BUY A BUS IS A REIMBURSEMENT PROGRAM. YOU MUST INCUR THE COST FIRST. WE DO NOT FURNISH TRANSPORTATION. YOU MUST ARRANGE BUSING (FOR YOUR CLASS OR GROUP) AHEAD OF TIME.

NAME OF EXHIBITION(S) REQUESTED FOR TOURS: _____

DATE OF TOUR: _____ DAY (M/T/W/TH/F): _____ TIME IN MUSEUM FROM: _____

TO: _____ NUMBER IN GROUP: _____ NUMBER OF CHAPERONES: _____

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

SCHOOL NAME

School Name: _____

Address: _____

Grade level(s): _____

Teacher: _____

Telephone: _____

E-mail: _____

Travel Method: _____

CHAPERONE INFORMATION

Grades: 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

SCHOOL DISTRICT

School District: _____

Address: _____

PLEASE SUBMIT YOUR INVOICE AFTER TOUR TO:

Jordan Schnitzer Museum of Art WSU, Associate Director, PO Box 647301, Pullman, WA 99164-7301

In consideration for and as a condition of being allowed to participate in this voluntary activity, the TOUR GROUP 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 the TOUR GROUP, or which the TOUR GROUP 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 TOUR GROUP 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 TOUR GROUP.

Signature/Responsible Party: _____ Date: _____

URGENT! PLEASE FAX SIGNED COPY BACK TO THE ASSOCIATE DIRECTOR OF THE MUSEUM AT: 509-335-1908

Approved - Office of Business Affairs, March 2011