

462 Ute Ave.  
Grand Junction, CO  
81501

☎ 970.242.0971



## MUSEUMS of WESTERN COLORADO

■ CROSS ORCHARDS  
■ DINOSAUR JOURNEY  
■ MUSEUM of the WEST

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### Medical Provider Information

Physician Name: \_\_\_\_\_ Physician Office: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Health Insurance Company/Provider: \_\_\_\_\_

### Medical Information

Describe medical conditions, disease or injuries (please be specific and thorough)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all medications you are currently taking

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all allergies (please include drug, food, and environmental allergies)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any special instructions you wish staff to follow in case of medical emergency?

\_\_\_\_\_  
\_\_\_\_\_

***Please have all rescue medications on your person and easily accessible at all times (i.e., rescue inhalers, Epinephrine for allergic reactions, diabetic supplies). Please check in with trip lead to explain where your life saving medications are on your person and discuss your conditions, including triggers.***

You must advise the Museum of a disability or recent illness or injury when you make your reservation. The Museum will make reasonable attempts to accommodate the 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 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 wellbeing.

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:** \_\_\_\_\_