



MAAA CULTURAL TRIP TO WASHINGTON DC
WEDNESDAY, OCTOBER 3 — MONDAY, OCTOBER 8, 2018
(5 DAYS / 4 NIGHTS)



Full Name: _____
Please print your name as it appears on your state issued identification or passport.

Address: _____

City/State/Zip: _____

Phone Number / Cell Number: _____

Date of Birth: ___/___/___ Email address: _____

ID Info or Passport Number: _____

Date Issued: _____ Date of Expiration: _____

Seat Type (not guaranteed): _____ Aisle _____ Middle _____ Window _____

Name of Roommate / Cell Phone Number: _____

Roommate (included): _____ OR Single Room Supplement: \$450

Special Needs / Assistance Requests: _____

Deposit Amount: _____ **Check number (if paying by check):** _____

OR Credit Card Type: _____ **Expiration Date:** _____ **Security Code:** _____

Credit Card Number: _____

Name as it appears on the card: _____

Billing Address: _____

Billing City/State/Zip: _____

Emergency Contact Name: _____

Relationship: _____ Cell Phone Number: _____

TERMS AND CONDITIONS

Be sure your full name matches your identification or passport and your information is correct. After your reservation is made, if your name on the reservation is different from your passport, "The MAAA" will **NOT** be responsible for any penalties/fees or cancelled reservations as a result of incorrect information.

CANCELLATION

WE HIGHLY RECOMMEND TRAVEL INSURANCE: www.travelguard.com. Call 800-826-5248 to purchase within 14 days of trip deposit, per Travel Guard requirements. Mention travel agent: Jan Francis, ARC/IATA#05628140.

TRIP CANCELLATION BY JUNE 12, 2018, FOR REFUND MINUS NON-REFUNDABLE / NON-TRANSFERABLE AIRFARE AND A \$150 NON-REFUNDABLE SERVICE FEE.

IMPORTANT: Airfare is completely non-refundable and non-transferable. Value of the airline ticket may be applied to future travel within 1 year of outbound travel with a \$125 USD change fee per person, plus any difference in fare. There is no residual value. No Shows: If a guest does not travel on the scheduled flight and does not notify Alaska Airlines prior to flight departure, the value of the flight will be forfeited.

If you cancel your trip with the MAAA at **ANY** point and the reason for the cancellation is **NOT** "covered" under the travel protection insurance you have obtained, you will not receive a "refund."

I affirm that I have been offered the purchase of cancellation travel insurance and have declined to purchase.

SIGNATURE: _____ DATE: _____

If the U.S. State Department issues an "alert or travel warning," that would not be a "covered" reason. DIMENSIONS or the MAAA would modify the itinerary/tour if necessary and possible. If DIMENSIONS or the MAAA cancels the tour, a refund will be offered.

If your roommate cancels, you can select another roommate or you could travel as a "single" but your rate will go up. You will be assessed the "single" supplement rate so please BE SURE before making your deposit. Be sure to carefully read the full details of the travel protection plan you obtain.

TRIP RESERVATIONS ARE LIMITED TO MAAA MEMBERS, MAXIMUM 50 TRAVELERS, AND ADULTS ONLY. SPACES ARE AVAILABLE ON A FIRST-DEPOSIT, FIRST-SERVED BASIS. DEPOSIT IS \$1,000 TO RESERVE A TRIP SPACE, WITH THE BALANCE OF \$997 DUE BY FRIDAY, JUNE 1, 2018.

If you understand and agree to these terms and conditions, please sign and date below:

SIGNATURE: _____ DATE: _____

Please complete, sign, and mail all documents with your credit card information OR your check payable to: THE MUSEUM OF AFRICAN AMERICAN ART, MACY'S 3RD FLOOR, 4005 CRENSHAW BLVD, LOS ANGELES, CA 90008.

Upon receipt and confirmation of trip space availability, the deposit will be processed and a confirmation letter will be mailed to you. The balance payment will be due on or before Friday, June 1, 2018. Should you have any questions, please contact Carol Hall at carolhall@carolhall.com or **323-646-4150**.

Thank you for supporting The Museum of African American Art.

MAAA / DIMENSIONS IN TRAVEL WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in Travel (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge DIMENSIONS IN TRAVEL, located at 201 Alameda Del Prado, Suite 203, Novato, California 94949, and THE MUSEUM OF AFRICAN AMERICAN ART located at 4005 Crenshaw Boulevard, Los Angeles, California 90008, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY, AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM, AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless Dimensions In Travel and The Museum of African American Art against any and all claims, suits, or actions of any kind whatsoever for liability, damages, compensation, or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Dimensions In Travel or The Museum of African American Art incurs any of these types of expenses, I agree to reimburse Dimensions In Travel or The Museum of African American Art.

I acknowledge that Dimensions In Travel and The Museum of African American Art, and their directors, officers, volunteers, representatives, and agents are not responsible for errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of Dimensions In Travel and The Museum of African American Art.

I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic, and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE DIMENSIONS IN TRAVEL, THE MUSEUM OF AFRICAN AMERICAN ART, AND ALL OF THEIR AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, DIRECTORS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS, AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION, AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST DIMENSIONS IN TRAVEL OR THE MUSEUM OF AFRICAN AMERICAN ART FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Dimensions In Travel, its agents and employees, or The Museum of African American Art, its directors, officers, staff, volunteers, representatives, or agents.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect, or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the Participant (Traveler), so named: _____ and Dimensions In Travel and The Museum of African American Art agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase, or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed, and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

<u>EMERGENCY CONTACT</u>	<u>CONTACT RELATIONSHIP</u>	<u>CONTACT TELEPHONE</u>

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

PARTICIPANT'S NAME: _____

PARTICIPANT'S ADDRESS: _____

SIGNATURE: _____

DATE: _____