



BUS EXCURSION TO
THE GETTY VILLA & THE GETTY CENTER
SATURDAY, OCTOBER 12, 2019

REGISTRATION FORM

Name:
Street Address:
Phone: Day:
Cell phone:
E-mail:
(PLEASE LIST ALL NAMES OF TRAVELERS YOU ARE REGISTERING)
City:
Zip:
Evening/Weekend:
Anyone under 21?
(We often serve wine on return trip & this is an ABC requirement.)

HELP FAM GO GREEN (GO PAPERLESS) BY PROVIDING YOUR E-MAIL ADDRESS FOR ALL CORRESPONDENCE RELATING TO THIS TRIP.

Member(s) of the Fresno Art Museum at \$110 each
Non-Member(s) at \$125 each
Total payment for travelers for a total of \$ enclosed
(# of travelers)

Payment method:

Check made payable to the Fresno Art Museum
Credit Card: Visa MasterCard AMEX Discover
Card No. Exp. Date: CVV Code (3 digits)
Name on card Signature
Billing Zip (if different than above):

FULL PAYMENT IS DUE BY 5 PM THURSDAY, OCTOBER 3, 2019 AND IS NON-REFUNDABLE

CANCELLATION POLICY

If you are unable to attend, you may fill your seat with another traveler at no additional charge, if FAM is notified of the name of the new traveler by 1:00 pm on Friday, OCTOBER 11, 2019. If you are unable to find a replacement, the entire payment will be considered a tax deductible contribution to the Fresno Art Museum.

Please note that you will receive confirmation of your reservation, a final itinerary, and other details, via email (if address provided), 5 to 7 calendar days before the trip OR by US Mail, the week of the trip.

You may email, fax, mail, or drop off your completed form to the Museum located at 2233 North First Street, Fresno, CA 93703.

Your registration form must be received no later than Thursday, OCTOBER 3, 2019 at 5 pm. Fax number is 559.441.4227. E-mail is Susan@FresnoArtMuseum.org. For questions, please call Susan at 559.441.4221 x101.

PLEASE COMPLETE EMERGENCY CONTACT INFORMATION/SIGN WAIVER OF LIABILITY ON REVERSE.

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**EMERGENCY CONTACT INFORMATION**

Please complete this form for each traveler. Couples can submit one form for both,  
but both must date and sign the waiver below.

Your name \_\_\_\_\_

Traveling companion's name (if applicable): \_\_\_\_\_

Your cell phone number: \_\_\_\_\_

Traveling companion's cell number (if applicable): \_\_\_\_\_

Emergency Contact (someone who will NOT be traveling with you):

Name(s) \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Other: \_\_\_\_\_

Is there any medical condition our staff should be aware of in the case of an emergency?

No  Yes If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Please note: It is very important that you provide cell numbers for you and any traveling companions in the event you do not return to the bus at the designated times OR in the unlikely event that there is a change in the itinerary. We will only use the number to reach you if there is a change in the itinerary or to contact you if you do not return to the bus by the time designated for departure.

**Waiver of Liability**

I agree to release and indemnify the Fresno Art Museum, and its officers, employees, volunteers, trustees, agents, and successors (the "Releasees") from and for any and all liability, claims, causes of action, damages, losses, and costs (the "Claims") related to or arising from any injury or damage to my person or property, whether the injury or damage be physical, emotional, financial, or any other kind, suffered on or otherwise related to this trip, and I agree not to sue any of the Releasees on any of such Claims.

\_\_\_\_\_  
Your signature

Date signed \_\_\_\_\_

\_\_\_\_\_  
Traveling companions's signature, if applicable

Date signed \_\_\_\_\_