Group Leader Checklist:

| Before and During Booking: |
|--|
| Discuss with your group about choices of dates. The further in advance you book the better |
| chance you have of getting your choice date. |
| Call the Programs Department at MOWT to register or fill out the attached Group Registration |
| Form. You'll be asked to provide: |
| -An initial estimate of the attendance number |
| -First/second/third choices of program dates |
| Receive email confirmation of details. |
| Sign and return your signed camp-in contract. You are only officially booked once your your |
| contract is signed and returned. |
| 2 months before the program date |
| Begin to gather final number of adults and children attending the overnight |
| Ensure your adult to child ratio is 1 to 5. |
| Begin to fill out in your Group Roster . |
| Make sure Overnight Program Waivers for both children and adults have been distributed. |
| Hand out Merchandise Pre-Order Forms. |
| Review planned activities with group to make sure everyone agrees |
| Share the Overnight Packet with your group members. It is the responsibility of all group |
| members to understand the rules, policies, and expectations of the event. |
| 30 days before the program date |
| Finalize count of adults and children |
| Ensure your adult to child ratio is 1 to 5. |
| Turn in completed Group Roster . |
| Turn in all Overnight Program Waivers for both children and adults. |
| Turn in Merchandise Pre-Order Forms with payment. |
| Payment via credit card or check due to MOWT |
| Inform MOWT of any special accommodations expected (food allergies, special sleeping |
| arrangements) |
| 1 week prior to program date |
| Double check that you and MOWT have all Overnight Program Waivers , Merchandise Pre- |
| Order forms, and an accurate Group Roster turned in. |
| Make sure the group knows where and when they will be meeting. |
| Double check to make sure all participants have received the Overnight Packet. |
| Inform MOWT of any changes to special accommodations expected (food allergies, special |
| sleeping arrangements) |

| At the program |
|--|
| **Bring this checklist with you as a guide** |
| Arrive the night of the event 15 minutes before the event is scheduled to begin. |
| Check in at the front desk and meet with relevant staff. |
| If you have had extra participants show up, coordinate with them and MOWT staff to make sure |
| extra payments are made. |
| Enjoy the overnight! |
| |

Camp-In Registration Form

| Crown I gader (must attend the | e event): | | _ |
|---|--|--|--------------------------------|
| | Leader's email | | |
| | | | |
| City | State | Zip | _ |
| | | | |
| | Times: Start | | |
| (groups have 15 m | ninutes before and after to arrive | e and leave) | |
| Group Numbers: | | | |
| Minimum group size is 35. Gr | oups that can't quite reach 35 po | eople can pay for the ex | tra tickets to |
| ~ <u>.</u> | inimum adult to child ratio is 1 o | | |
| <u>-</u> | n, the Museum must be notified | | |
| payment are due 30 days prio | | , | |
| r ay arrows and a may a reason | | | |
| Number of Adults (\$2 | 25) + Number of Children | (\$25)= Group Total | . |
| Age range of children in group | • | (\$\pi 20) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | .• |
| rige range of emaren in group | | | |
| Requested Activities: | | | |
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| 2 | 8 | | |
| 2 3 | 8 9 | | _ |
| 2 | 8 9 10 | | |
| 2345 | 89 1011 | | |
| 2345 | 8 9 10 | | |
| 2 | 8 | | — — — |
| 2 | 8 | | — — — |
| 2 | 8 | | — — — |
| 23455Food: The Museum will providand breakfast (donuts, fruit, ar | 89101112de a midnight snack (typically conditional). | ookies or equivalent and | d water bottle) |
| 2 | 8 | ookies or equivalent and | d water bottle) |
| 23455Food: The Museum will providand breakfast (donuts, fruit, ar | 8 | ookies or equivalent and | — — — d water bottle) |
| 2 | 8 | ookies or equivalent and nade for \$5 per participa | — — — d water bottle) |

Museum of World Treasures

Overnight Participant Program Waiver Form—Each participant (adult or child) needs a signed form

| Group Name: | Program Dat | e: |
|---|--|---|
| (<i>Please Print)</i> Participant's name Adult Child_ | Medical Considerations/A | |
| Emergency Contact (someone not attending the Name | | |
| NamePhone Number: | · | |
| WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION in exchange for my child or ward being allowed to particip sponsored by The Museum of World Treasures ("MOWT Identification of Risks. I understand that any activity invigossibility of permanent disability and death. I understand of any kind associated with participation in any aspect of the or negligence on the part of MOWT, or its respective direct assigns (collectively, the "Sponsors"). Voluntary Particip Program is voluntary, and voluntarily assume personal regists, known and unknown, in any way connected with paths behalf of myself and my child or ward, release the Sponsor any liability, injury, loss, or damage involving my child or ward program, whether or not caused in whole or part by the notine made on my behalf, that is released or waived by this institute on my behalf, that is released or waived by this institute on my behalf, that is released or waived by this institute on my behalf, that is released or waived by this institute on my behalf, that is released or waived by this institute on my behalf, that is released or waived by this institute on my behalf, that is released or waived by this institute on my behalf, that is released or waived by this institute on my behalf, that is released or waived by this institute on my behalf, that is released or waived by this institute on my behalf, that is released or waived by this institute on my behalf, that is released or waived by this institute on my behalf, that is released or waived by this institute on my behalf, that is released or waived by this institute on my behalf, that is released or waived by this institute on my behalf, that is released or waived by this institute on my behalf, that is released or waived by this institute on my behalf, that is released or waived by this institute on my behalf, that is released or waived by this institute on my behalf, that is released or waived by the new to my behalf, that is released or waived by the new to my behalf, that is released or waived by the new to my | vate in "Midnight at the Museum" (the "Program"), I agree to bind myself and my child or ward to olves risks of injury and loss, both to person and that this Waiver and Release of Liability is integeted the Program, including, particularly, such risks of ctors, officers, trustees, employees, agents, volutation and Assumption of Risk. I understand the sponsibility for any injury, liability, loss or damagniticipation in the Program. Release, Waiver and ors from, and waive, all claims. I further covenational including attorneys' fees, in any way connected with or arising of the Sponsors. It is and to absolve from responsibility) the Sponsors and to absolve from responsibility and cole or in part by the negligence or other miscone to me or my child or ward, through medical perfect one or my child or ward, through medical perfect, severability and Apperes, heirs, beneficiaries, next of kin, or assigns and the invalid or unenticated the invalidated the i | o each of the following: d to property, including the ended to address all of the risks created by actions, inactions, unteers, successors, or that participation in the ge arising from any and all d Covenant Not to Sue. I, on nt not to sue the Sponsors for nected with participation in the Indemnification. I agree to nsors from all claims for any I might make, or that might be out of my or my child or ward's iduct of the Sponsors. Consent rsonnel of its choice, impose a duty upon the idicable Law. This instrument and shall inure to the benefit of forceable in part or in whole, extent permissible by law. This Photographs and Videos. I and that the Sponsors may owledged, I irrevocably lectively the "Images"), to the stand that MOWT may use, or ITY, INDEMNIFICATION AND , AND SIGN IT |
| Name of Guardian | Signature of Guardian | Date |
| | | |

| <u>Group Roster</u> | | | | |
|---|----------------------------|--------------|--|--|
| Overnight Date: | | | | |
| Group Name: | | | | |
| Group Leader: | | | | |
| Total Chaperones: Total Children: Total Participants: | | | | |
| | | | | |
| Name | Adult or Child? (If child, | _ | | |
| | include age) | address | | |
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Helpful Hints for Happy Campers

We are so excited that you have decided to attend a Midnight at the Museum camp-in at the Museum of World Treasures. Here is some information to help make the camp-in memorable for you and your child.

1. Find the right parking space

From April through October, parking alongside the plaza in front of our building is prohibited from 5am-12pm on Saturdays for the Farm and Art Market. The Museum has no control over this and if you park in one of these spaces during these times your car will be towed.

All other Old Town parking is free. A parking garage is located north of the Museum behind the Hotel at Old Town. If you are arriving on a Friday or Saturday night, leave plenty of time for parking as things get pretty crowded.

2. Bring the appropriate gear

Campers are responsible for bringing their own sleeping gear and toiletries. Please keep in mind that there is a limited amount of space. You will only be here for a total of 13 hours so you shouldn't need to bring along too much.

3. Arrival and Departure

When you arrive, please check in with the front desk staff. They will direct you where to go.

Please leave the Museum by the time designated for the end of the camp-in. Museum staff need plenty of time to reset the Museum before it opens to the public.

4. Get ready to shop!

Camp-ins will always include specified time to buy a special souvenir from the gift shop.

5. Safety first!

At least 2 staff members will be on duty during the entirety of your stay.

As an added security measure, we usually lock the doors and turn on the alarm around 9pm (exact time may vary). If you need to go outside after then, you will need to speak to staff about turning off the alarm **before** you exit the building or the alarm may sound.

We ask that guests do not wander throughout the Museum at night except to visit the restroom. Some areas get very dark and some cases have sharp edges.

6. Cleanliness and Respect for Artifacts

As a nonprofit historical institution, we view our Museum's exhibits and, most importantly, our artifacts as belonging to the community as a whole and to future generations. Therefore, we ask that you respect Museum property at all times. This includes not using flash photography.

Most camp-ins include a damage clause in the contract. If your group incurs major damages to carpet or any other part of the Museum, you may be liable to incur cleaning or repair charges.

Finally, all groups are requested to dispose of all trash and replace objects that have been moved before leaving.

7. Museum-provided meals

If the Museum is providing a meal as a part of your camp-in (check with your leader to find out), please warn the Museum in advance of any food allergies.

8. Snacks

We encourage you to bring midnight snacks to enjoy as a part of the camp-in. However, we <u>require</u> that all food stay in approved areas. Ask a staff member before breaking out the goodies.

Other notes:

-While we do our best to minimize excess light and sound in the sleeping area, please note that other businesses around the Museum sometimes use lights and music late into the night. Consider bringing ear plugs and an eye cover.