

Museum of the Red River

Statement of Liability

Tour participants in this program hereby agree that the Museum of the Red River is acting as Principal Agent, working on their behalf, and hereby release the Museum of the Red River, Idabel Museum Society, Inc., Herron Foundation, Inc., the City of Idabel, as well as any staff members, employees, and other agents engaged by any of these organizations, from any and all claims and actions resulting from any loss or injury incurred while participating in this program. Participants also agree to reimburse any of the above-mentioned parties for any fees, fines, legal and any other costs incurred by them which arise from any action or cause of action, claim, or demand initiated on behalf of any traveler. Any information and services are provided at the request of the traveler, including the issuing of any tickets and/or vouchers, arranging for any other transportation, and any hotel accommodations. Agents operate under the express condition that they are not liable for any injury, damage, loss, accident, delay, or irregularity, which may be occasioned either by reason of defect of any vehicle conveying the passenger or through the act of default of any company or persons engaged in carrying out the arrangements of the tour, or otherwise in connection therewith, or of any hotel, or employee. Agents accept no responsibility for losses or accidental expenses due to delay or changes in schedules, defaults, or over-bookings by hotels, sickness, weather, strike, war, acts of terrorism, or other causes. All such losses or expenses will have to be borne by the passenger. Baggage is at "owner's risk" throughout the tour. **Purchase of traveler's insurance** against loss, damage, and any other mishaps **is strongly encouraged**. Agents have no special knowledge or information regarding any supplier insolvency, unsafe conditions, terrorist or social unrest, health hazards, or any weather conditions creating dangerous situations, other than what has appeared in public media. Travelers should consult the Traveler Advisory Section of the US State Department at (202) 647-5255. For current medical information, contact the Centers for Disease Control at (877) 394-8747.

Refunds will be available upon written request. If received by August 29 a full refund of monies paid, **less a \$200 processing fee** per traveler will be returned. If received by September 18, a refund of monies paid, **less a \$350 processing fee per traveler, plus any non-recoverable fees from local operators, hotels, airlines, etc.** will be returned. No refunds will be made after September 19.

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The Free and Sovereign State of Oaxaca

Registration Form

A deposit of \$500 per traveler is due by August 11, 2017. **By making any deposit towards this program, travelers acknowledge(s) having read the Statement of Liability and noting refund policy, and understand(s) and agree (s) to all its terms.** Final payment is due by September 1. Complete this form and send with a check or money order covering deposit (at \$ 500 p/p) and mail to the Museum of the Red River (812 East Lincoln Rd., Idabel OK 74745), or email to Brian Hendershot (pr@motr.org). **Include a photocopy of your passport information/photo page for each traveler.** A final itinerary and invoice will be emailed to the traveler(s) after this form is returned.

(1) **Traveler Name:** _____ *(As it appears on passport)* **Passport No:** _____ **Expiration Date:** _____

(2) **Traveler Name:** _____ *(As it appears on passport)* **Passport No:** _____ **Expiration Date:** _____

Traveler (1) Address: _____ **Email:** _____

Daytime Phone Number: _____ **Alternative Phone Number:** _____

Emergency Contact : _____ **Phone Number:** _____

Emergency Contact : _____ **Phone Number:** _____

Traveler (2) Contact Address: _____ **Email:** _____

Daytime Phone Number: _____ **Alternative Phone Number:** _____

Emergency Contact : _____ **Phone Number:** _____

Emergency Contact : _____ **Phone Number:** _____

_____ I would like to occupy a single room at an additional \$245 I plan to share a twin-bedded room with _____

By signing below and returning form with deposit, traveler(s) accept all terms and acknowledge they have read the Statement of Liability.

Signature of Traveler(s): (1) _____

(2) _____