

OFFICE USE ONLY:	
Day:	
Date:	
Time:	

## **Group Contract**

## **Group Rate:**

- Mondays \$12.00 per child, a minimum of 100 or more paying participants and 1 chaperone is free with every 5 paying participants.
- Tuesday-Thursday \$10.00 per child and 1 chaperone is free with every 5 paying participants.
- Must have at least 20 paid admissions to qualify; groups must be paid for in one transaction.

School/Organization/Party Name:		
Contact's Full Name:		_ Affiliation:
Street Address:		
City:	State:_	Zip Code:
Phone: Alte	rnate Pho	ne:
Email:		_ ☐ Yes, I'd like to receive email updates
Number of Children Est. Number of Adults		* Must have at least 1 adult for every 5 children
Preferred Date of Trip:	Alternate (In case p	e Date/sreferred date is not available)
Arrive:am/pm Lunch Time		Depart: am/pm
Your group trip is not confirmed until we receive deposit/P.O. number, and confirm availability.	this sigr	ned contract, your non-refundable \$50
Please read and initial that you agree to each of the	following	policies:
I understand the \$50 deposit is non-refunda	able but o	an be applied towards future group trips.
I understand that we must have at least 20 rate.	paid adm	nissions to qualify for the discounted group
I understand that we must pay for the group discounted group rate.	p trip in o	ne, single transaction to qualify for the
I understand that children must be supervise arrive with at least 1 adult for every 5 children, and not reservation and being unable to enter the museum.		•
I understand that all visitors in my group me Floor.	ust be at	least 48 inches tall to play on the Second

I understand that any additional children, including younger siblings ages 2 and up will be charged the group rate.
I understand that memberships do not apply to the group rate.
I understand that I will be charged for replacement of any items damaged by members of my group. I understand that if guests do not treat exhibits or staff with respect, they will be asked to leave.
I understand that staff will greet our group and go over the rules, and then we are free to explore and play in the museum on our own. A field trip lasts 2 hours, including time for lunch. All field trips over two hours may be charged an additional fee.
I understand the Buckeye Imagination Museum Media Release Policy, which states that Buckeye Imagination Museum reserves the right to use any photos and videos taken on the property of any and all guests associated with this event, and I waive all rights to those media. For the full policy, I can see the front desk.
I understand that our group must abide by Buckeye Imagination Museum's Rules of Play. I am also agreeing to be responsible for any and all guests associated with this event in terms of liability and financial responsibility. For a copy of this policy, see the front desk.
I understand that our group must abide by the Buckeye Imagination Museum Sick Guest Policy, and I can receive a copy of this policy from the front desk.
I understand that Buckeye Imagination Museum believes in the safety of its patrons and staff at all times, and I agree to the Buckeye Imagination Museum Inclement Weather Policy which states:
<ul> <li>Buckeye Imagination Museum will be closed if a level 2 or 3 snow emergency is issued.</li> </ul>
Buckeye Imagination Museum reserves the right to close in anticipation of severe weather.
<ul> <li>If there is a closing due to weather, there will be social media posts on Facebook announcing the museum's closing.</li> </ul>
<ul> <li>If you have scheduled a special event, birthday party, or field trip that has been cancelled due to weather or other unforeseeable events, it will be rescheduled at a convenient date of your choice as the calendar will allow or you receive a full refund.</li> </ul>
<ul> <li>In the event of a cancellation, Buckeye Imagination Museum staff will contact you as soon as possible with the phone number on your event contract.</li> </ul>
<ul> <li>All other cancellations due to weather or unforeseeable events will be decided at the discretion of the Executive Director.</li> </ul>
*PLAY AT YOUR OWN RISK*
I have read and agree to the group conditions above and attest that all the information provided is accurate and truthful.
Printed Name:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_