Let the sights and sounds of Texas fill your dreams at the Witte!

CHOOSE ONE OF THESE EXCITING IMMERSIVE GALLERIES:

- Kittie West Nelson Ferguson People of the Pecos Gallery
- Naylor Family Dinosaur Gallery
- McLean Family Texas Wild Gallery
- HEB Body Adventure
- A Wild and Vivid Land: Stories of South Texas
- Special Traveling Exhibits in the Gunn Gallery and the Mays Family Center

- Gallery Exploration
- Hands-on Activities
- A Movie
- Popcorn
- Light Breakfast
- Flashlight tour of the Witte

Details, cost, and program dates available upon request. Call 210.357.1901 or email joshuasegovia@wittemuseum.org
Thank you for choosing the Witte Museum!

THIS EXHIBIT RELATED PROGRAM IS APPROPRIATE FOR ANY SCHOOL AGE GROUP AND THEIR CHAPERONES INTERESTED IN A UNIQUE LEARNING EXPERIENCE AT THE MUSEUM.

Reservation Guide
This guide contains policies that are in place for the safety and well-being of your group. Please read and agree to these policies in order to participate in Midnight at the Museum. Please retain a copy for yourself.

MISSION STATEMENT
The Witte Museum inspires people to shape the future of Texas through transformative and relevant experiences in nature, science and culture.

Groups can register for Midnight at the Museum by emailing joshuasegovia@wittemuseum.org or by calling 210-357-1901.
SPECIAL NEEDS
The Witte Museum is happy to accommodate children with limited special needs. In order for us to be able to help your child have an enjoyable experience in our programs, we ask that you notify the Special Programs Manager of your child’s needs no later than one week prior to your stay. For best accommodations, please notify us of any allergies, accessibility concerns, behavioral, psychological or emotional conditions or other special needs using the form provided upon registering. While we hope to offer this program to a wide range of children, it is not possible for us to offer one-on-one care.

ALLERGIES
If your child has a severe allergy and is susceptible to anaphylactic shock, you are required to provide epinephrine (adrenaline) injections to the program staff. All Witte Museum Security staff are trained in CPR/First Aid and the use of EpiPens.

Witte Campus Map

Groups can register for Midnight at the Museum by emailing joshuasegovia@wittemuseum.org or by calling 210-357-1901.
PARTICIPANTS

1. **What is the age range to participate in Midnight at the Museum?**
   6-12 years old

2. **How many chaperones are required to participate with a group?**
   We require 1 chaperone for every 10 children.

3. **Is the program accessible for participants with special needs?**
   Yes. Please specify needs when making your reservation.
COST

5. **How much does it cost for a group to participate in Midnight at the Museum?**
   The cost is $40.00 per person, with a minimum group size of 20 people or equivalent fee.

6. **What deposit or advance fee is required?**
   A $100 non-refundable deposit, made payable to the Witte Museum, is required at the time of reservation. The check or money order for the remaining balance is due 10 working days before the program date.

7. **What does the cost of the program include?**
   - Guided learning experiences in an exhibit
   - Restroom access
   - Exhibit related hands-on activities
   - A late night movie related to the theme
   - Two snacks including: popcorn and a light breakfast
RESERVATIONS

8. **Does my group need an advance reservation for this program?**
   Yes, advance reservations are required. Midnight at the Museum normally books approximately 3-9 months in advance.

9. **How do I make a reservation?**
   Contact Joshua Segovia at joshuasegovia@wittemuseum.org or 210-357-1901 to make a reservation.

10. **After I make a reservation for my group, are there any other additional forms?**
    Within 10 working days before your program, the group leader must submit:
    • Final count of children and adults.
    • Signed, original copies of the Medical Release Form (one per child and adult).
LOGISTICS

11. What is the start time and end time for Midnight at the Museum?
Admission begins at the museum’s main entrance at 7:00 p.m. The program begins promptly at 7:30 p.m. and ends at 8:45 a.m. the next morning. All participants must depart from the museum no later than 9:00 a.m.

12. How many museum staff will lead the program?
A minimum of two museum staff lead the program. The number of staff a program may need varies based on the number of participants.

13. What are the chaperone responsibilities during this program?
Chaperones are responsible for supervising their group at all times. All chaperones must be 18 years of age or older.

14. What do I need to bring?
Sleeping bag, pillow, comfortable and warm sleeping clothes, toiletries, a change of clothes for morning.

15. Where do participants sleep?
Participants sleep in either the Prassel or Memorial Auditoriums. These large auditoriums may be cold during the evening. We recommend warm sleeping gear.

16. Where are the restrooms located?
Restrooms are located in the main museum, next to the auditoriums. Shower facilities are not available.
Midnight at the Museum
ADULT WAIVER AND MEDICAL RELEASE FORM

Adult’s Name: ____________________________ Age: ____________________________

Birth Date: __________________ Sex: __________________ Phone: (H) ______________________

Address: ______________________________ Phone: (W) __________________________

Zip Code: ______________________________ Phone: (C) __________________________

Do you have any allergies? To food? Yes ____ No ____ What? ________________________
To drugs? Yes ____ No ____ What? ________________________
To insect stings? Yes ____ No ____ What? ________________________
To poison ivy or other plants? Yes ____ No ____ What? ________________________

Do you wear glasses or contact lenses? Yes ____ No ____
Are you epileptic? Yes ____ No ____
Are you diabetic? Yes ____ No ____
Do you have any physical condition or disability that could restrict activities? Yes ____ No ____ Please describe: ________________________

IN CASE OF AN EMERGENCY please list two people who can be reached during overnight hours.

Name: ______________________________ Phone #: __________________________
Name: ______________________________ Phone #: __________________________

In consideration of, __________________________, being able to participate in the Midnight at the Museum program sponsored by the Witte Museum, I, the undersigned, binding my heirs, executors, administrators, estate, and assigns, do hereby release and agree not to hold liable the Witte Museum, its officers, agents, employees and volunteers, for any and all actions, claims, demands, costs, or damages as a result of property damage or personal injuries sustained by my said child, his or my property, arising from or resulting from any act of omission, negligent or otherwise, of said the Witte Museum, its officers, agents, employees, and volunteers or any other person or any other participant in the program while participating in the said activity or while traveling to and from place at which such activity will be conducted.

In the event the Witte Museum or a volunteer provides transportation for me, this Waiver and Release Form shall extend to and release the volunteer driver or the Witte Museum employee driver from any and all liability aforesaid.

I do further with the same intent bind my heirs, executors, administrators, estate, and assigns, to hereby release and agree to hold harmless any landholder or lessee of land or property onto which I may go as part of the activities of the Midnight at the Museum program from any and all actions, causes of action, claims, demands costs or damages or my property, arising from or resulting from any act of omission of the owner or lessee or any defect in the premises, known or unknown, or the owner or lessee.

Consent is hereby given for the applicant to attend the Midnight at the Museum program and permission is given for all emergency medical treatments, operation, or anesthesia, which might become necessary.

Signature: ____________________________ Date: ____________________________

NOTE: Museum staff is not allowed to administer any medication. If you need medication during the program, you must administer that medication.

PHOTO/IMAGE WAIVER & RELEASE
I authorize and give consent to the use of photographs or other images of me by the Witte Museum, or any of its affiliated organizations and sponsors, for publicity, advertising, or any other legitimate business purpose.

Signature: ____________________________ Date: ____________________________

Group Name: _______________________
Group Leader: ______________________

Updated February 2010
Child’s Name: ____________________________  Child’s Age: ____________________________

Parent/Guardian Name: ____________________________  Phone: (H) ____________________________

Address: ____________________________  Phone: (W) ____________________________

Zip Code: ____________________________  Phone: (C) ____________________________

INFORMATION TO PARENT OR GUARDIAN: The staff of the Witte Museum takes every precaution to make each program as safe as possible. Please supply the following information as an added protection for your child.

Does he/she have any allergies? To food? Yes ____ No____ What? ____________________________

To drugs? Yes ____ No____ What? ____________________________

To insect stings? Yes ____ No____ What? ____________________________

To poison ivy or other plants? Yes____ No____ ____________________________

Does he/she wear glasses or contact lenses? Yes ____ No____

Is he/she epileptic? Yes ____ No____

Is he/she diabetic? Yes ____ No____

Does he/she have any physical condition or disability that could restrict activities? Yes____ No____ Please describe: ____________________________

IN CASE OF AN EMERGENCY please list two people other than the parent/guardian who can be reached during overnight hours.

Emergency Contact Name: ____________________________  Phone #: ____________________________

Emergency Contact Name: ____________________________  Phone #: ____________________________

Child’s Doctor’s Name: ____________________________  Phone #: ____________________________

In consideration of my child, ____________________________, being able to participate in the Midnight at the Museum program sponsored by the Witte Museum, I, the undersigned parent, binding my heirs, executors, administrators, estate, and assigns, do hereby release and agree not to hold liable the Witte Museum, its officers, agents, employees and volunteers, for any and all actions, claims, demands, costs, or damages as a result of property damage or personal injuries sustained by my said child, his or my property, arising from or resulting from any act of omission, negligent or otherwise, of said the Witte Museum, its officers, agents, employees, and volunteers or any other person or any other participant in the program while participating in the said activity or while traveling to and from place at which such activity will be conducted.

In the event the Witte Museum or a volunteer provides transportation for my child, this Waiver and Release Form shall extend to and release the volunteer driver or the Witte Museum employee driver from any and all liability aforesaid.

I do further with the same intent bind my heirs, executors, administrators, estate, and assigns, to hereby release and agree to hold harmless any landholder or lessee of land or property onto which my child may go as part of the activities of the Midnight at the Museum program from any and all actions, causes of action, claims, demands costs or damages or my property, arising from or resulting from any act of omission of the owner or lessee or any defect in the premises, known or unknown, or the owner or lessee.

Consent is hereby given for the applicant to attend the Midnight at the Museum program and permission is given for all emergency medical treatments, operation, or anesthesis, which might become necessary.

Parent/Guardian Signature: ____________________________  Date: ____________________________

NOTE: Museum staff is not allowed to administer any medication. If your child needs medication during the program, you or someone you designate in writing must administer that medication.

PHOTO/IMAGE WAIVER & RELEASE

I authorize and give consent to the use of photographs or other images of my son/daughter by the Witte Museum, or any of its affiliated organizations and sponsors, for publicity, advertising, or any other legitimate business purpose.

Parent/Guardian Signature: ____________________________  Date: ____________________________

Updated March 2010