



# Gateway to Peace Museum Site Visit Agreement

Please fill out the following information as fully as possible and mail to Gateway to Peace Museum, 8912 General Grant Lane, St. Louis, MO 63123. For additional information, call 314-381-9400 x16 or e-mail [director@gatewaytopeace.com](mailto:director@gatewaytopeace.com).

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Group/Organization Name: \_\_\_\_\_

Group/Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Group/Organization Phone Number: \_\_\_\_\_

Date(s) requesting Gateway to Peace Museum on site: \_\_\_\_\_

Timeframe of Gateway to Peace Museum visit (*List expected start and end times*): \_\_\_\_\_

Directions and mileage to group/organization location (*Starting point is St. Louis, Missouri. Attach additional pages if necessary*):

Size/Number of rooms and amount of space allocated for exhibits (*i.e.: one room, hallways only, multiple rooms, etc. Include dimensions of each room/space.*):

Number of children expected in each grade range (*Normally K-5th grades*):

K-1st \_\_\_\_\_ 2nd-3rd \_\_\_\_\_ 4th-5th \_\_\_\_\_ Others \_\_\_\_\_

Number of volunteers you will supply (*Must be at least 21*): \_\_\_\_\_

*Note: Minimum is one volunteer for every four children; more volunteers may be necessary.*

Timeframe for volunteer training: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

*Note: Volunteer training ranges from a minimum of 60 minutes to a maximum of 90 minutes.*

Please complete both sides of this form.

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Have children been studying peace-related issues?  Yes  No

If "Yes", what type of studies? \_\_\_\_\_  
\_\_\_\_\_

If "No", do you wish to have some curriculum prior to the visit to help prepare the children for their Gateway to Peace Museum experience?  Yes  No

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Your signature below indicates you are the person authorizing the Gateway to Peace Museum to be on site during the timeframes listed on the reverse side of this form. Your signature also indicates acceptance of full responsibility for the actions of all volunteers supplied by your group/organization.

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

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### Liability Release

I/We, the undersigned, acting with full authorization of \_\_\_\_\_,  
(organization requesting Gateway to Peace Museum visit)  
do acknowledge that even though every effort is made to provide a safe, accident-free environment, incidents may occur.

Therefore, I/we hereby release, forever discharge and agree to hold harmless the Gateway to Peace Museum, its' directors, parent company and affiliates, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by any participating children and/or adults, that occur while they are engaged in the Gateway to Peace Museum activities on your site/location.

Furthermore, I/we hereby assume all risk of personal injury, sickness, death, damage and expense, as a result of participation in the activities involved, for all children/adults that are involved in our program, organization or group which has requested the Gateway to Peace Museum's attendance.

The undersigned further agrees to hold harmless and indemnify the Gateway to Peace Museum, its' directors, employees, volunteers and agents for any liability sustained by said organization as the result of negligent, willful or intentional acts of participants, including expenses incurred attendant thereto.

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

Title/Authorization: \_\_\_\_\_

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### Photo Release

In consideration of the right of all children/adults of your organization to participate in this activity, I/we hereby give consent to and authorize the taking of photographs or video tape in which your children and adults may appear. I/we hereby waive all right of privacy in and to any said photos or tapes.

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

Title/Authorization: \_\_\_\_\_