



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

CHOOSE FROM 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
- Snacks
- A Movie
- Popcorn
- Light Breakfast

# 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.

#### **OUR PROGRAM PHILOSOPHY**

The educational and public programs of the new Witte Museum encourage investigation of the fundamental nature of plants and animals to live, survive, adapt and thrive over millions, thousands, hundreds of years and today. All educational and public programs highlight aspects of the relationship between nature, science and culture. Programs and activities help participants to make inspired connections between the remnants of ancient environments, the adaptation of living things to changes in environments and landscapes, and the exploration of the human experience and spiritual journey. The goal is to educate program participants to take collective responsibility for the stewardship of the land, the environment, plant and animal populations and themselves.



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

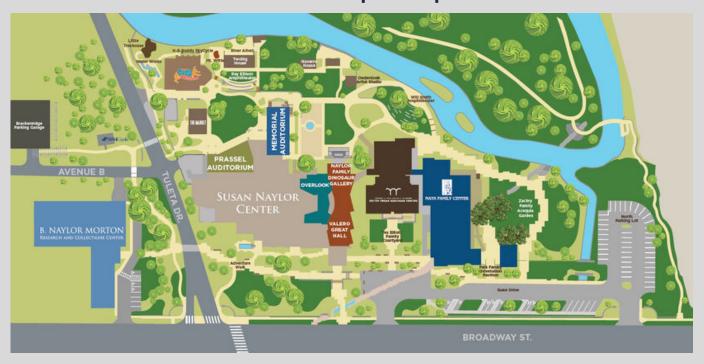
#### SPECIAL NEEDS

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 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 of 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. Time are flexible.

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 Witte 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



Group Name: _	
Group Leader:	

Adult's Name:		Age:		
Birth Date: Sex:		Phone: (H)		
Address:		Phone: (W)		
Zip Code:		Phone: (C)		
Do you have any allergies?  Do you wear glasses or contact lenses?	To food? To drugs? To insect stings? To poison ivy or other plants?	Yes No Yes No	_ What? What? What? What?	
Are you epileptic?		Yes No	_	
Are you diabetic?		Yes No	_	
Do you have any physical condition or dis				
Yes No Please describe:				
IN CASE OF AN EMERGENCY please list t	wo people who can be reached c	during overnight ho	ours.	
Name:		Phone #:		
Name:		Phone #:		
Museum, I, the undersigned, binding my Witte Museum, its officers, agents, empl property damage or personal injuries sus or otherwise, of said the Witte Museum, program while participating in the said and	heirs, executors, administrators, oyees and volunteers, for any and stained by my said child, his or my its officers, agents, employees, a ctivity or while traveling to and from the same control of the same	estate, and assigns, dall actions, claims, property, arising find volunteers or an om place at which s	th at the Museum program sponsored by the Witte, do hereby release and agree not to hold liable the demands, costs, or damages as a result of rom or resulting from any act of omission, negligent by other person or any other participant in the such activity will be conducted.	
volunteer driver or the Witte Museum er			id Nelease Form shall extend to and release the	
landholder or lessee of land or property	onto which I may go as part of the ds costs or damages or my proper	e activities of the M ty, arising from or r	s, to hereby release and agree to hold harmless any lidnight at the Museum program from any and all resulting from any act of omission of the owner or	
Consent is hereby given for the applicant treatments, operation, or anesthesia, wh		useum program and	d permission is given for all emergency medical	
Signature:		Date:		
NOTE: Museum staff is not allowed to a medication.	ndminister any medication. If you	u need medication	during the program, you must administer that	
PHOTO/IMAGE WAIVER & RELEASE I authorize and give consent to the use o sponsors, for publicity, advertising, or an			luseum, or any of its affiliated organizations and	
Signature:		Date:		

# Midnight at the Museum CHILD WAIVER AND MEDICAL RELEASE FORM



Group Name:	
Group Leader:	

Child's Name:		Child's Age:		
Parent/Guardian Name:		Phone: (H)		
Address:		Phone: (W) Phone: (C)		
Zip Code:				
INFORMATION TO PARENT OR GUAR as safe as possible. Please supply the		• •	· <del>-</del>	
Does he/she have any allergies?  Does he/she wear glasses or contact l	To food? To drugs? To insect stings? To poison ivy or other plants?	Yes No Yes No	What? What? What? What?	
Is he/she epileptic? Is he/she diabetic? Does he/she have any physical condition or disability that could restrict a		Yes No Yes No	_	
Yes No Please describe: _				
IN CASE OF AN EMERGENCY please Emergency Contact Name:			ho can be reached during overnight hours.	
Emergency Contact Name:		Phone #:		
Child's Doctor's Name:				
the Witte Museum, I, the undersigned to hold liable the Witte Museum, its or result of property damage or personal negligent or otherwise, of said the Wi	d parent, binding my heirs, executor officers, agents, employees and volu I injuries sustained by my said child, tte Museum, its officers, agents, em	s, administrators, enteers, for any and his or my property ployees, and volur	he Midnight at the Museum program sponsored by estate, and assigns, do hereby release and agree not all actions, claims, demands, costs, or damages as a y, arising from or resulting from any act of omission, neeers or any other person or any other participant which such activity will be conducted.	
In the event the Witte Museum or a withe volunteer driver or the Witte Museum or a with the witten or a w		•	iver and Release Form shall extend to and release id.	
landholder or lessee of land or proper	rty onto which my child may go as parts, demands costs or damages or my	art of the activities property, arising t	ns, to hereby release and agree to hold harmless any of the Midnight at the Museum program from any from or resulting from any act of omission of the	
Consent is hereby given for the applic treatments, operation, or anesthesia,		luseum program ai	nd permission is given for all emergency medical	
Parent/Guardian Signature:		Date:		
NOTE: Museum staff is not allowed designate in writing must administer		our child needs me	dication during the program, you or someone you	
PHOTO/IMAGE WAIVER & RELEASE I authorize and give consent to the us organizations and sponsors, for public			by the Witte Museum, or any of its affiliated ose.	
Parent/Guardian Signature:		Date:		