



## Texas FAM Tours

### Pre-Familiarization Tours - December 10-13, 2017

#### Two Options:

**Tour 1: Forts, Frontiers & Fixer Uppers for Tour Operators handling Domestic Regions**

**Tour 2: Music, Culture and More for Tour Operators handling Regions in Asia**

*(Each tour has a one buyer limit per company)*

Please select a pre-FAM Tour: December 10-13, 2017 (\$50 per person)

- Tour 1: Forts, Frontiers & Fixer Uppers (Domestic Markets)
- Tour 2: Music, Culture & More (Asia Market)

Organization Name: \_\_\_\_\_

Attendee Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please list any special needs (e.g., dietary, physical, etc.):

\_\_\_\_\_

Please list any accommodation requests:

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**PAYMENT MUST ACCOMPANY THIS REGISTRATION.**

**TOTAL AMOUNT DUE** (in U.S. funds) **\$50.00**

**METHOD OF PAYMENT (check one)**

Check (Payable to: Edelman in U.S. funds)  Visa  MasterCard  Discover  American Express

Account Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

**IF PAYING BY CHECK, PLEASE MAIL PAYMENT TO:**

**EDELMAN**

**ATTN: JERMAINE CALVIN**

**506 CONGRESS AVE., SUITE 300**

**AUSTIN, TX 78701**

**Please complete sign-up form and release agreement and return to:**

**[Jennifer.Morris@gov.texas.gov](mailto:Jennifer.Morris@gov.texas.gov)**

**Questions about the pre-FAM tours?**

**Please contact Debra Bustos at:**

**(512) 936-0292 or e-mail at: [Debra.Bustos@gov.texas.gov](mailto:Debra.Bustos@gov.texas.gov)**



**FAM TOUR TRAVEL RELEASE, HOLD HARMLESS, AND INDEMNITY  
AGREEMENT FOR TRAVEL  
FOR GUESTS TRAVELING WITH TEXAS TOURISM**

I have requested and voluntarily choose to participate in the Familiarization Tour (“FAM”) travel to the destination(s) above during the dates specified. In consideration for Texas Tourism funding and/or facilitating the FAM travel, I (for myself, my heirs, executors, and administrators) **HEREBY AGREE TO RELEASE, HOLD HARMLESS, DISCHARGE, AND INDEMNIFY** the State of Texas and the Texas Office of Economic Development and Tourism, their officers, employees, contractors and agents (collectively, “the Released Parties”) **from and for any claims, demands, liability, lawsuits, injuries (including death), property damage, attorney’s fees, expenses, costs, causes of action, judgments, or awards of any kind or character (“Loss”) that may accrue, arise, or otherwise exist because of my travel and participation in the FAM.** I intend this release to include any Loss sustained by a third party through whom or on behalf of whom (or whose estate) I may assert a claim, lawsuit, or cause of action.

I understand and agree that this **RELEASE, HOLD HARMLESS, AND INDEMNITY AGREEMENT EXPRESSLY BINDS ME TO RELEASE, HOLD HARMLESS, AND CONTRACTUALLY INDEMNIFY** (i.e., reimburse the Released Parties for any Loss they may sustain, resulting from a claim by a third party) **THE RELEASED PARTIES FROM ANY AND ALL LIABILITY ARISING FROM OR ARE OCCASIONED BY MY NEGLIGENCE, MISCONDUCT, OR WRONGFUL ACTS OR OMISSIONS IN THE COURSE OF THE FAM REGARDLESS OF ANY NEGLIGENCE OF RELEASED PARTIES.** This release, hold harmless and indemnity shall be governed and interpreted under the laws of the State of Texas. I intend this release to be as broad and inclusive as permitted by the law.

***ASSUMPTION OF RISK***

*My participation in this FAM is voluntary. I understand that, through this FAM, I will travel to and spend time in the aforementioned destination(s). I understand that my participation in the FAM includes a risk of personal injury, property damage, death or other Loss as described above. I hereby acknowledge I am aware of any applicable U.S. State Department travel advisories at <http://travel.state.gov/content/passports/english/alertswarnings.html>. On behalf of myself, my heirs, executors and administrators, I VOLUNTARILY ASSUME ANY AND ALL RISK OF LOSS AS DEFINED AND DESCRIBED IN THE ABOVE RELEASE, HOLD HARMLESS AND INDEMNITY AGREEMENT.*

This **release, hold harmless and indemnity** contains the entire agreement regarding my release of liability and assumption of risk. By signing below, I REPRESENT that I am OVER THE AGE OF 18, I have read and understood what is written above, and that I VOLUNTARILY bind myself to the Conditions stated herein.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Permanent Address