

Internment Bus Tour, July 8-12, 2019 Application Form

This tour will visit the following Japanese Canadian internment sites: Hastings Park, Tashme, Greenwood, Christina Lake, Lemon Creek, Popoff, Bay Farm, Slocan, New Denver, Sandon, Kaslo, East Lillooet, and eight highway commemorative signs which were installed in 2017/2018 as a partnership with the Provincial Ministry of Transport and Infrastructure (weather and road conditions permitting).

NAME Mr. Mrs. Ms. _____ **MAIDEN NAME** _____

ADDRESS: _____

PHONE NO: _____ **E.MAIL:** _____

NAME Mr. Mrs. Ms. _____ **MAIDEN NAME** _____

ADDRESS: _____

PHONE NO: _____ **E.MAIL:** _____

TOUR FEE

Double or Twin room: \$1,000 per person including tax

Single room: \$1300 (sold out as of Jan 25.)

\$50 discount for NNMCC members.

NUMBER OF PEOPLE _____ **NUMBER OF BEDS PER ROOM** _____

TOTAL COST \$ _____ **NNMCC member number (if applicable)** _____

*for membership information, please ask at the front desk or see website

www.centre.nikkeiplace.org

Costs include transportation from NNMCC to internment sites and back to NNMCC, accommodations for four nights (Osoyoos Best Western Sunrise Inn, Nelson Prestige Lakeside Resort, Kamloops Holiday Inn), breakfast, lunch and dinner (except for the first day breakfast and last day dinner), museum admission, and guided tours.

Please submit application form and deposit of \$300 per person to the Nikkei National Museum & Cultural Centre by April 30, 2019. Balance due by May 31, 2019.

To register and ask questions, contact Nichola Ogiwara, Museum Programmer at the Nikkei National Museum ogiwara@nikkeiplace.org | 604.777.7000 ext.109. Tuesday-Saturday.



PAYMENT

- **Cash & Debit:** in person during office hours: Tue-Sat 9:30-5:00.
- **Cheque:** payable to Nikkei National Museum & Cultural Centre
- **Credit card:** fill in card info below
- **Paypal** by sending payment to jcnm@nikkeiplace.org
- If you live outside of Canada, please pay by VISA, Master Card, or Paypal in Canadian dollars.

Card type	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Cardholder name	_____	
Card number (16 digits)	_____	
Expiry date	_____	
Card security code (3 digits on back)	_____	
Amount authorized	_____	
Signature	_____	

CANCELLATION POLICY

Refunds will be issued in full if cancellation notice is received by April 30, 2019. After May 1, 2019, refunds will only be issued if another person fills your vacancy.

REFUND POLICY

Refunds will be issued in full if the bus tour is cancelled by the Museum.



Please complete the following information for each person to help us meet your needs during the trip.

NAME: _____

Senior (over 65 years old)

Under 64 years old

Interned: yes no Camp(s) _____

May we contact you for information about your camp experience? YES NO N/A

Was your family interned? If so, where _____

EMERGENCY INFORMATION

Emergency contact person NOT on the bus tour:

NAME _____ Relationship _____

Cell phone# _____ Work phone# _____ Home phone# _____

MEDICAL CONDITIONS AND MEDICATIONS

FOOD ALLERGIES (please note many meals will be buffet style)

Special Skills/Training: (e.g., RN, MD, music, photography, videography)

ROSTER LISTING of bus tour attendees will be created and distributed only to attendees of the 2019 bus tour. The purpose of the roster is to facilitate communication; neither the Nikkei National Museum nor anyone receiving the roster will be given permission to sell or otherwise distribute the list to others. You can opt out of inclusion here: Please do not list ANY of my information (including my name).

Please check the information you would like to be included in the roster:

Name Address Phone Email





JAPANESE CANADIAN INTERNMENT BUS TOUR 2019 - CONSENT AND RELEASE FORM

I, the undersigned, acknowledge that I have voluntarily chosen to participate in the Internment Bus Tour to the various sites around British Columbia, organized by the Nikkei National Museum & Cultural Centre (“**NNMCC**”), to occur during July 8-12, 2019.

In consideration of my participation in the Internment Bus Tour (the “**Event**”), I hereby acknowledge and agree to the following:

ASSUMPTION OF RISK : I am aware of, and fully assume, the inherent risks, dangers and hazards associated with participation in the Event, including, without limitation, personal injury or death, risks associated with travel to and from the Event, and negligence on the part of the NNMCC, its members, officers, directors, agents, employees, assigns and successors (the “**Released Parties**”) or other participants. I knowingly and freely accept the possibility of personal injury, death, property damage or loss resulting from the risks, dangers and hazardous associated with the Event.

RELEASE: I, for myself and on behalf of my heirs, assigns, executors, personal representatives and next of kin, hereby fully and forever release the Released Parties from any liability for injury, disability, death, loss or damage to myself or my property or to any other person resulting from or related to my participation in, attendance at, and travel to or from the Event due to any cause whatsoever including, without limitation, negligence, breach of contract and any mistakes or errors in judgment of any kind, and I hereby waive all claims of any kind that I have or may in the future have against the Released Parties relating to or arising from the Event or my participation in the Event.

CONSENT: I grant to the NNMCC, and its assigns, successors, and contractors (the “**Grantees**”) permission to take my photograph, record my voice, shoot film/video of me and to identify me by name during the Event (the “**Images and Recordings**”). I further grant to the Grantees the exclusive, worldwide, perpetual, irrevocable and royalty-free right and licence to reproduce, copyright, publish, distribute, licence, exhibit, sell, and otherwise use the Images and Recordings for any purpose consistent with the mission of NNMCC including, but not limited to, educational, informational and promotional materials, whether in hard copy or electronic form.

I do not wish to be photographed and recorded, and wish to opt out from this clause.

I have carefully read this document and understand all of its terms. I understand that this is a release of liability that will legally prevent me and my heirs from filing suit or making any other legal claim for damages in the event of any injury, damage or loss to me or my death. I nevertheless, sign this document freely and voluntarily and agree that it is binding upon me, my heirs, assignees and legal representatives.

I HAVE READ THIS WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISK. I FULLY UNDERSTAND ITS TERMS, AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND THAT IT IS BINDING ON ME, MY HEIRS, EXECUTORS AND ADMINISTRATORS. I AM SIGNING IT VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNED AND DELIVERED ON _____, 2019

Signature of Participant

Signature of Witness

Name: _____

Name: _____

