**Media Fam Tour Intake Form**

The Washington County Visitors Authority (WCVA) welcomes you to visit Tualatin Valley on a hosted press trip. To help us plan your familiarization (fam) tour, please complete the following intake form.

# Personal Information

|  |  |
| --- | --- |
| Name (as it appears on your passport or government issued ID) |  |
| Birthdate (mm/dd/yyyy) |  |
| Mobile or cellular phone |  |
| Email Address |  |
| Where do you reside (city, state; country if outside the U.S.)? |  |

# Travel Information

|  |  |
| --- | --- |
| Arrival Date (mm/dd/yyyy) |  |
| Departure Date (mm/dd/yyyy) |  |
| Is this your first time to the area? |  |
| How are you traveling to the destination? |  |
| Where will you be traveling from? |  |
| Will you be visiting other areas of Oregon during your travels? (If yes, please list which destinations) |  |
| Transportation needed while in Tualatin Valley (e.g. rental car) |  |
| Will you need a hotel while in Tualatin Valley? |  |
| Hotel/Room Preference (if any) |  |
| Do you have any special accommodation requests (e.g. feather-free pillows, room on first floor, accessible room)? |  |
| Do you have any dietary or health allergies or restrictions? |  |
| Do you have any health concerns or physical limitations that would limit the types of activities you could participate in? |  |

# Itinerary

|  |  |
| --- | --- |
| Are there specific areas, activities or attractions you want included in the itinerary? Please list. |  |
| Are there any specific individuals or organizations you'd like to interview?  |  |
|  |
| Preferred Itinerary Style (please select one) |
|  | **Complete Itinerary:** Set appointments and interviews throughout the day with some free time built into the day |
|  | **Flexible Itinerary:** Hotel nights booked, but mostly suggested meals and attractions I will explore on my own |
|  | **Best of Both:** A few set appointments with ample time to explore on my own |
| Do you plan to include restaurant listings or reviews in your coverage? (please select one) |
|  | Yes |
|  | No |
|  | Unsure/Maybe |
| Do you plan to include hotel listings or reviews in your coverage? |
|  | Yes |
|  | No |
|  | Unsure/Maybe |

# Emergency Contact Information

|  |  |
| --- | --- |
| Emergency Contact & Relationship |  |
| Emergency Contact Phone Number |  |

# Liability Waiver and Release

I, acknowledge that I will be participating in

a familiarization tour (“Fam Trip”) and activities hosted by the Washington County Visitors Association (WCVA) and other participating entities, which may include, but are not limited to, attractions and businesses, rental companies, transportation companies and tour operators.

By accepting and participating in this Fam Trip, I for myself, my personal representatives, successors, assigns, heirs, legal representatives and next of kin, represent and agree to waive and release the WCVA and their respective officers, directors, employees and agents (collectively, “WCVA”) from and against any and all rights and/or claims I may have for any loss or damage arising out of or in any way related to, directly or indirectly, the Fam Trip.

Specifically, this Liability Waiver and Release is intended to include, but not be limited to, any injuries, illness (including COVID-19), loss, or damage that may be caused by the negligence of WCVA in sponsoring and/or organizing the Fam Trip. This Waiver and Release is intended to include, but not be limited to, any consequential damages which may result from delays, cancellations, modifications of itineraries, or complaints that arise from transportation or other planned or scheduled activities.

Furthermore, WCVA is not assuming liability for any injury, damage, loss, or accident that may be caused by personal negligence, nor the negligence of those persons or entities that are providing said transportation and/or activities.

I hereby certify that I am 18 years of age or older and that I have read this Liability Waiver and Release and fully understand its contents. I understand that I am giving up rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I understand and agree that this Waiver and Release will be construed in accordance with the laws of the State of Oregon and the United States of America and that, if any portion of this Waiver and Release is held to be invalid, the balance shall continue in full force and effect.

Participant’s Name Participant’s Signature

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