

# THE DECORATIVE ARTS TRUST



## PHILADELPHIA

APRIL 26–30, 2023

### OPTIONAL TOURS:

**CLASSICAL PHILADELPHIA** APRIL 26 | **GERMANTOWN** APRIL 27  
**THE MAIN LINE** APRIL 26 OR 27 | **ROSE VALLEY** APRIL 30 | **SALEM** APRIL 30

#### Two easy ways to register:

**Online** at [www.decorativeartstrust.org](http://www.decorativeartstrust.org)

**Mail** by returning this form to The Decorative Arts Trust, 206 West State Street, Suite 300, Media, PA 19063

Full Name(s)

Name Tag(s) Should Read

Address

City

State

Zip Code

Phone

Email

Emergency Contact Name

Phone

Allergies and Dietary Restrictions

First-time participant

Registration fee: \$1,075 x \_\_\_\_ participant(s) = \_\_\_\_\_

Student/Young Professional Fee: \$500 x \_\_\_\_ participant(s) = \_\_\_\_\_

Pre-Symposium Optional Tour: \$325 x \_\_\_\_ participant(s) = \_\_\_\_\_

Classical Philadelphia 4/26    Main Line 4/26    Germantown 4/27    Main Line 4/27

Post-Symposium Optional Tour: \$325 x \_\_\_\_ participant(s) = \_\_\_\_\_

Rose Valley 4/30    Salem 4/30

Emerging Scholars Program Fundraiser: \$250 x \_\_\_\_ participant(s) = \_\_\_\_\_

Additional donation to the Dewey Lee Curtis Scholarship Fund: \_\_\_\_\_

Membership (see note in Terms and Conditions): \_\_\_\_\_

**TOTAL** of enclosed check (payable to “The Decorative Arts Trust”)

or credit card charge \_\_\_\_\_

Check one:       MasterCard       Visa       American Express       Discover

Credit Card Number

Expiration Date

Security Code

Cardholder Name (Please Print)

Cardholder Signature

Zip Code

*Please complete both sides of form*

Registration Form

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By registering for this program, I/we understand that my/our attendance at, and participation in, a program is at my/our own risk, and I/we do hereby release The Decorative Arts Trust (DAT) from any and all liability in connection with this program for any loss, delay, injury, inconvenience, or damage to or in respect to any person or property however the cause, including but not limited to COVID-19, acts of God or force majeure, acts of war or civil unrest, insurrection or revolt, strikes or other labor activities, epidemics, pandemics, quarantines, acts of government, criminal or terrorist activities of any kind, overbooking or downgrading of accommodations, mechanical or other failure of airplanes or other means of transportation or for any failure of any transportation mechanism to arrive or depart timely. I/we further agree to indemnify, hold harmless, and release DAT and its officers, employees and representatives from all actions, suits, claims and demands that my heirs, executors, agents, administrators or assigns have or may have, whether known or unknown, arising out of my/our participation in the program. It is understood that DAT has acted as agent for me/us in providing means of transportation or other services and DAT is not to be held responsible for any act, omission, or event during the time I am/we are participating in this program, and this evidences my/our understanding that DAT has not now, nor will have in the future, any liability to me/us due to any consequences arising out of said program or in connection with said program. I/We give my/our consent to DAT to use images of me/us taken during this program for the promotion of the organization and its mission. By signing this Waiver and Release, you agree to take full responsibility for your own actions, safety, and welfare. I/we hereby covenant and agree that neither I/we nor my heirs, executors, agents, administrators and/or assigns, will file suit or otherwise assert a claim against DAT or any parties covered by this release and waiver. I/we submit to the personal and exclusive jurisdiction of the state courts and federal courts located within Delaware County, Pennsylvania, for resolution of any lawsuit or court proceeding arising from attendance at, or participation in, any program.

I/we understand this is a strenuous program and do not require any assistance other than what is mentioned in the brochure. By registering, I/we certify that I/we do not have any mental, physical, or other condition of disability that would create a hazard for myself/ourselves or other participants. I/we acknowledge that the DAT reserves the right to decline anyone as a participant in this program should the person's health, actions, or general deportment impede the operation of the program; the rights, welfare, or enjoyment of others; or the standing of the DAT.

I/WE HAVE READ AND AGREE TO THE TERMS AND CONDITIONS AND THE RELEASE OF LIABILITY AND WAIVER AS WRITTEN IN THIS BROCHURE AND FULLY UNDERSTAND ITS CONTENTS. I ENTER INTO IT OF MY OWN FREE WILL.

Participant 1 \_\_\_\_\_ Date \_\_\_\_\_

Participant 2 \_\_\_\_\_ Date \_\_\_\_\_

Waiver Form