

RESERVATION FORM

The Gardens of Cornwall and Devon

April 18 – 28, 2010



**Please mail this form and a \$600 per person deposit check
payable to PHS to:**

Betsie Blodgett
PHS
100 N. 20th Street
Philadelphia, PA 19103-1495

Mr./Mrs./Miss/Ms. _____

Street _____

City _____ State _____

Home phone (____) _____ Office or cell: (____) _____

Email _____

Roommate's name _____

Willing to share Single supplement

I would like my name tag to read: _____

I have read the Tour Conditions and Responsibility Clause and agree to all the conditions therein.

Signature _____ Date _____

WAIVER

The Gardens of Cornwall and Devon

April 18 – 28, 2010



Please mail this completed form to:

Betsie Blodgett
PHS
100 N. 20th Street
Philadelphia, PA 19103-1495

I/we, the undersigned member(s)/guest(s) of the Pennsylvania Horticultural Society, do desire and intend to participate in one of more trips and/or events as the Pennsylvania Horticultural Society may, from time to time, arrange for members and/or guests.

I/we hereby authorize the Pennsylvania Horticultural Society, and such officers, employees and agents thereof as may be appropriate, (a) to enter into and execute such arrangements, applications and contacts for the charter of buses, vans, automobiles, boats and other means of transportation as may, in their opinion, be required in connection with such trips and/or events, and (b) to make such arrangements or decisions as may be required or deemed appropriate by the Pennsylvania Horticultural Society or any of them in connection with such charters and such trips and/or events.

In consideration of my/our agreement to participate in such trips and/or events and undertaking of such arrangements on my behalf, I/we hereby release and discharge the Pennsylvania Horticultural Society and each of its directors, officers, employees and agents from all suits, causes, claims of any kind that might arise as a result of or in the course of or in connection with any such trip and/or events, such and charters or arrangements. I/we understand, of course, that this agreement will in no way effect any liability that may arise on the part of any third party.

This release and discharge shall remain in effect until revoked by me/us in writing.

Please sign and date this Waiver and Release Form and mail to Betsie Blodgett at the address above.

SIGNATURE _____ NAME _____ DATE _____

SIGNATURE _____ NAME _____ DATE _____