



APPLICATION - Arts Sojourn in Tuscany: The Walled City of Lucca

June 3- June 13, 2011

Please print out this form, sign it, and mail to the specified address with deposit.

Applicant Information:

(please print: name will be used for hotel documents and must agree with name on passport)

Name: _____

Address: _____

Telephone: _____

Email: _____

Emergency Contact Information:

Name: _____

Address: _____

Telephone: _____

NON-REFUNDABLE DEPOSIT OF \$350 DUE WITH APPLICATION:

(by check payable to Arts Sojourn)

BALANCE DUE NO LATER THAN MARCH 15, 2011

Please check option(s) below:

Sharing double room: Trip cost \$2550- Balance due = \$2200

Single room supplement: Trip cost \$3045- Balance due = \$2695

Deluxe suite supplement: Trip cost \$2975- Balance due = \$2625

** Please note that these prices are based on the exchange rate as of May, 2010. Although no increase is anticipated, due to the current volatility in the international exchange rate Arts Sojourn reserves the right to add an appropriate surcharge to cover additional costs should the value of the US dollar drop appreciably prior to our departure.*

mail to: Matthew Daub
Arts Sojourn
237 Dreibelbis Station Road
Lenhartsville, PA 19534

Liability Release, Waiver, and Covenant Not To Sue: I fully recognize that there are dangers and risks to which I may be exposed by participating in the Arts Sojourn, including those inherent to international travel. Despite the possible dangers and risks and despite this Release I want to participate in this activity. I, therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. In consideration of and in return for the services provided by the Arts Sojourn in this activity, I release Arts Sojourn and its agents from any and all liability, claims and actions that may arise in connection with this activity including, but not limited to death, injury or harm to my person, losses due to delay or inconvenience, or from the damage or loss of my property. I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failure to act on the part of Arts Sojourn or its agents, including but not limited to negligence, mistake, or failure to supervise. I recognize that this Release means I am giving up, among other things, rights to sue Arts Sojourn and its agents for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators and assigns, as well as myself. I have read this entire release, I fully understand it and agree to be legally bound by it.

This is a release of your rights, read carefully before signing.

releasor's signature (date)

parent or guardian signature if releasor is under 21 years old (date)