

2009 Port Tobacco Field Session Registration form

The Archeological Society of Maryland's Port Tobacco 2009 Dig will be held at the Port Tobacco Site from 22 May to 1 June. Please fill out this form and mail it to Belinda Urquiza with your payment. Registration must be received no later than 18 May.

The site is located at the site of the historic town of Port Tobacco, approximately 2 miles west of La Plata, in Charles County. On-site registration is possible, but pre-registration is highly desirable as it will assist in planning daily activities. Fieldwork will be from 8 AM to 4 PM each day with a lunch break from 12 noon to 1 PM. Orientation lectures will be presented at 8:00 AM and 1 PM daily (as needed) to introduce new arrivals to the site and field procedures. Please plan to arrive by 8:00 AM or by 1:00 PM if you expect to work in the field for the remainder of the morning or afternoon.

Name(s):		
Address:		
Phone Number:	E-Mail:	
ASM Member: Y/N	CAT Member: Y/N	Chapter:

Fees: The rate for ASM Members is \$10 per person per day, up to a maximum charge of \$30. Accompanied children (12 to 17) are \$5 per child per day, up to a maximum of \$15. Non-ASM Members are \$15 per person per day, up to \$45. Please indicate payment in the space provided below.

Fill in appropriate fees and enclose a check made out to "ASM, Inc":

	Category	Per day	Max	# Persons	Total
ASM Members:	Adult	\$ 10	\$30		\$
	Child (12 to 17)	\$ 5	\$15		\$
Non-Members:	Adult	\$ 15	\$45		\$
	Child (12 to 17)	\$ 5	\$15		\$
Analysis Fund:	Suggested optional contribution		\$ 5	-	\$
2009 ASM Membership	Please go to the ASM website www.marylandarcheology.org for an application		Individual: \$25 Family: \$35.		\$
Total Enclosed:					\$

Dates of Attendance: You may register for any number of days; however, it is very important that we know who/how many will attend each day. Please indicate the days that you will attend the Port Tobacco Field Session. Note the number of people that will be present on each day.

Fri May 22:	Sat May 23:	Sun May 24:	Mon May 25:	Tue May 26:
Wed May 27:	Thu May 28:	Fri May 29:	Sat May 30:	Sun May 31:
Mon June 1:				

Camping: Space for camping is available at Port Tobacco. See the "What to Bring" list for details. Please indicate here whether you intend to use camping facilities: **Yes** _____ **No:** _____

**2009 Port Tobacco Field Session
Release and Indemnification Form
(Return this form with your registration)**

In participating in the Archeological Society of Maryland 2009 Port Tobacco Field Session, I/We understand that I am a volunteer with the Archeological Society of Maryland, Inc., and not with the Maryland Historical Trust or the Society for the Restoration of Port Tobacco. I/We release the Archeological Society of Maryland, Inc., the Society for the Restoration of Port Tobacco, the Maryland Historical Trust, the Maryland Department of Planning, and the State of Maryland, from any and all liability, of whatsoever kind or nature, for all damage and personal injury resulting from my volunteer activities. I further understand and agree that the owner(s) of the site (the "Property"), has no duty or responsibility in regard to the condition of the Property. I agree further to maintain the Property in good order. I also agree to indemnify and hold harmless the owner(s), from and against any and all claims, demands, actions, causes of action, damages, expenses, losses, or liabilities which may be made against it as a result of my use of and presence on the Property. I also understand that, in the event of accidental injury or death in the course of my volunteer activities, I will not be covered by Worker's Compensation or any other plan of compensation.

I understand that photographs will be taken at the 2009 Port Tobacco Field Session and may be used in publications. I give permission for officials of the Archeology Society of Maryland, Inc. the Maryland Historical Trust, and the Society for the Preservation of Port Tobacco to use photographs of persons listed below in any form that they may choose.

Each registered adult must complete and sign this form:

Date:	Signature(s):
Name(s):	
Address:	
Phone Number:	
Emergency Contact:	

I further agree to the liability release on behalf of my/our minor children (12 – 17 years) listed below:

Name: _____

Name: _____

Mail to: Belinda Urquiza
PO Box 1331
Huntingtown, Md 20639

Make sure to enclose the registration form, a check for your fees and a completed liability form.
