

The Silent Witness Exhibit Agreement

The Delaware Coalition Against Domestic Violence agrees to make the Silent Witness exhibit available to:

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone#: _____ Fax: _____

Date(s) of exhibit: _____

In return, you agree to the following conditions:

- The witnesses will be handled carefully, with respect and kept secure.
- Should any damage occur while the exhibit is in your possession you will not attempt to repair the damage without DCADV consent. That you will return it to DCADV along with the other figures.
- The cost of repairs will be your responsibility. DCADV will work out with you how the figures are to be repaired and how payment for repairs will be made.
- You will make our literature available at all events in which the Silent Witnesses appear.

Check one:

Transport will be provided by your organization. (Name) _____ will pick up the figures in (location) _____ and return them to (location) _____ on (date) _____

(This Option is available only with prior arrangement with DCADV)

Transport will be provided by DCADV. The exhibit will be delivered on _____ (date) to the custody of the contact person named above at _____ (location) and picked up on (date) _____ from the same person/place.

Signatures: _____
For sponsoring organization

For DCADV representative

Date: _____

*Please fax signed copy to
302-658-5049*