

## Registration form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ cell: \_\_\_\_\_

Email: \_\_\_\_\_

Class day: \_\_\_\_\_ Emergency contact: \_\_\_\_\_

Are you interested in attending 1 or 2 day workshops? Yes No

**Class Fees:** *\$10 per class* --- paid in advance by the month. This will hold your spot for the month. Students are accepted on a first-come, first-serve basis, and class sizes are limited.

**\*\*\*Class fees must be paid at the beginning of the month.**

## Studio Liability Release

Name: \_\_\_\_\_ (please print)

I understand that with participation in any art class, there will be toxic materials that could be harmful if overly exposed to or used long term.

I agree to exercise special care for my own safety, as well as the safety of others while working in the studio and at studio related workshops away from the premises. I am aware that every precaution will be taken to ensure safe disposal of materials and a safe working atmosphere.

I assume full responsibility for my safety in connection with these activities, and release Mark & Christine Pilkinton, New World Graphics and Portrait Creations from any and all liability as it relates to injuries or illnesses incurred as a result of my own negligence, or the negligence of others while engaged in any activities.

I acknowledge that Mark & Christine Pilkinton, New World Graphics and Portrait Creations are in no way responsible for the protection, care or insurance coverage for my tools, personal belongings, works or works in progress in the event of theft, damage or destruction.

I have been given a copy of the Studio Safety information sheet. \_\_\_\_\_yes \_\_\_\_\_no

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parents signature (for children's classes): \_\_\_\_\_