

# For The Love Of Art

## Registration

### “For The Love Of Art” - Art Classes and Camp

**Please PRINT clearly – one copy required for each student**

Student Name \_\_\_\_\_ Age \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade \_\_\_\_\_

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

Primary Contact: Parent/Guardian : \_\_\_\_\_

Phone Numbers Contact: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

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

Emergency Contact: Name \_\_\_\_\_ phone# (\_\_\_\_\_) \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

If for Summer Camp - Requested Dates: \_\_\_\_\_

#### Confidential Medical Information:

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Food or Medical Allergy(s) \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Does participant take any medications regularly? NO \_\_\_\_\_ YES \_\_\_\_\_.

If YES, please describe the condition being treated and medication(s) type, dosage and frequency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Group Number \_\_\_\_\_ ID Number: \_\_\_\_\_

Does participant have any chronic medical conditions, illness or physical limitations that might inhibit the ability to participate in art classes?  
NO \_\_\_\_\_ YES \_\_\_\_\_. If YES please list below.

\_\_\_\_\_

#### **Medical Release**

I hereby authorize emergency medical treatment for the above-named participant in the event of any injury sustained during participation in Jennifer Richardson's "For The Love Of Art" art classes. I hereby authorize any health-plan participating or non-participating physician, hospital or other health care provider to give emergency medical care and treatment to the above named participant at no cost to Jennifer and William Richardson, "For The Love Of Art". The undersigned has read this medical authorization consent form and declares and affirms consent to the content herein stated. I assume all financial responsibility and waive all claims or future claims against Jennifer Richardson, "For The Love Of Art", its organizers, volunteers, sponsors, employees, agents, program participants and anyone else acting in any capacity on their behalf for any injuries sustained by the above-named participant. I understand that if my child becomes ill or is injured and I cannot be reached, the staff of "For The Love Of Art" will direct my child to be taken to a physician, hospital, etc., as the situation or occurrence may dictate. I authorize treatment which may be advised or recommended by an attending physician.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Photographic Release**

I authorize that photographs, videotapes and/or interviews may be taken of the above participant and that such photographs, videotapes or interviews may be published and used to promote For The Love Of Art. I also give permission to reproduce photographs taken of artwork for promotional purposes.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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### **REQUIRED SIGNATURES - VERY IMPORTANT! PLEASE READ THIS PAGE CAREFULLY.**

The safety of each participant is our highest priority. We take all reasonable precautions to ensure your and your child's physical and emotional safety. However, as in any other experience, we cannot eliminate all risk. By signing the following statements you will be acknowledging that you understand the risks of participating in classes, assuming liability for your or your child's participation and certifying that your application is complete and truthful.

### **Acknowledgement of Risk**

I understand that "For The Love Of Art" art classes take place in the studio and home of Jennifer and William Richardson and at times in public locations. Any activity, including this one, can be the cause of personal injury, property damage, illness or death.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

### **Assumption of Liability**

In recognition of the potential hazards, I, or my children, my heirs and assigned, do hereby release Jennifer and William Richardson, "For The Love Of Art", its organizers, volunteers, sponsors, employees, agents, program participants and anyone else acting in any capacity on their behalf from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, and specifically including any claim for negligence or negligent acts, arising from my or my child's participation in the Jennifer Richardson, "For The Love Of Art" classes. I further agree to hold harmless and indemnify Jennifer and William Richardson, "For The Love Of Art", its organizers, volunteers, sponsors, employees, agents, program participants and anyone else acting in any capacity on their behalf and its agents for all defense costs, including my attorney's fees and any other costs resulting in connection with my or my child's participation.

\_\_\_\_\_  
Parent/Guardian signature Date

### **General Information**

Art Parties – A 50% non refundable deposit is required at time of booking. 7 days prior to the party a final guest count is needed.

Parent's Night Out – We require 24 hours notice for cancellation. No show or late cancellations will result in a \$10.00 charge.

Camp - Only cancellations made 7 days in advance of the camp start date will received a refund, minus a \$25 service fee per person per program. In case of insufficient registration, "For The Love Of Art" reserves the right to cancel a program two weeks before the start of a session. In this instance, participants will receive a full refund. Snacks are provided at this time and children are encouraged to bring their own water bottles and other personal needs.

"For The Love Of Art" reserves the right to ask a child not to return due to behavioral problems. If a child is asked to leave our program, all fees will be forfeited and no refund will be given.