



WEDNESDAY ART EXPLORATIONS
CLASS REGISTRATION FORM

Thank you for your interest in Wednesday Art Explorations! Please provide the following information.

ARTIST'S INFORMATION

CHILD'S NAME: _____ AGE: _____

ALLERGIES (or any other safety information): _____

SESSIONS: 6 Week Session (Except Session 7 June 1st-15th) Wednesday Art Explorations are not held during Winter Recess Dec. 24th - Jan 2 / Feb 21-25 and Spring Recess Apr 18-22.

Session 1 (Sept 1st-10Oct 6) Session 2 (Oct 13-Nov. 17) Session 3 (Nov 24-Jan 5)
Session 4 (Jan 12-Feb 16) Session 5 (Sept 1st-10Oct 6) Session 1 (Sept 1st-10Oct 6)
Session 1 (Sept 1st-10Oct 6)

CLASS FEE Session 1-6 \$250.00 per session - Session 7 June 1st-15th (Pro-rated fee: \$125)

NOTE:

CONTACT INFORMATION

PARENT OR GUARDIAN NAME: _____

ADDRESS (Street/City/Zip): _____

PHONE Home: _____ PHONE Cell: _____ Other: _____

EMAIL: _____

EMERGENCY CONTACT NAME AND PHONE: _____

CHILD'S PHYSICIAN NAME AND PHONE: _____

PERMISSION FORM

By signing below, I/we grant permission for the child named above to participate in all activities connected with the registered class at Ames Art Studio & Gallery. I/we further agree to abide by the rules and policies of this class.

SIGNED: _____ DATE: _____

To complete your registration, return this form (including a signed consent form and waiver) to:

65 Great Road Acton, MA 01720 (978) 237-7741 - amesartstudio@gmail.com

Ames Art Studio & Gallery

CONSENT FORM AND WAIVER

Please review and sign the following Parental Consent, Health Care Authorization and Waiver of Liability – Indemnity Agreement prior to your child’s participation in *Ames Art Studio & Gallery* activities.

I, the undersigned parent or legal guardian of (hereinafter, my “Child”), understand that I am solely responsible for the delivery and the pickup of my Child at the Ames Art Studio & Gallery facility. I agree that Ames Art Studio & Gallery assumes no responsibility for the supervision of my Child at times other than during the class sessions.

I hereby waive and release any right I may have or acquire to make a claim against or attach the property of Ames Art Studio & Gallery or any of its employees, volunteers or agents for monetary damages caused by injury to my Child or damage to the property of my Child or myself arising from my Child’s participation in the activities and use of the facilities and property of the Ames Art Studio & Gallery.

HEALTH CARE AUTHORIZATION: The undersigned hereby authorizes Ames Art Studio & Gallery employees and volunteers to perform any acts which may be necessary or proper to provide emergency health care of any student in the event that the parent/guardian and/or emergency contact cannot be reached, including consent to and authorization of medical procedures by qualified, licensed physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their profession and in their sole discretion, may deem necessary.

PHOTO, VIDEO, and MEDIA POLICY The Parent or Eligible Student hereby authorizes Ames Art Studio & Gallery to take photographs and video and audio recordings (“Recordings”) of the student in connection with the student participating in any Ames Art Studio & Gallery program and grants Ames Art Studio & Gallery the absolute right and permission, without compensation, to take, use, post, display, publish, distribute, transmit, and otherwise disseminate the photographs and recordings, and the Minor’s name and likeness, in whole or in part, whether distorted in character or form, and without restriction as to change or alteration, for any and all purposes whatsoever, including but not limited to, for purposes of marketing, advertising, publicizing and promoting any Ames Art Studio & Gallery program, event or initiative in any form of media (“Permitted Use”); (2) The Parent or Eligible Student consents to the use of any text or other published matter or image in connection with any Permitted Use; (3) The Parent or Eligible Student waives any right to inspect or approve the photographs, recordings, any use of the student’s name or likeness, and any text or other published matter in connection with any Permitted Use; and (4) relinquishes and grants Ames Art Studio & Gallery all rights, title and interests in and to the photographs and recordings, including any copyright therein.

I have carefully read this agreement and fully understand its contents. I am aware the agreement includes a waiver of liability and indemnity agreement.

PARENT OR LEGAL GUARDIAN:

SIGNED: _____ **DATE:** _____

PRINT NAME: _____

POLICIES

The following policies govern all classes at Ames Art Studio & Gallery. Please feel free to contact us 978-237-7741 or amesartstudio@gmail.com) to discuss any of these policies prior to registering for a class.

Registration Process

- Advance registration is required for all class sessions. We recommend that you call us to ensure space.
- When your registration is received and processed, we'll contact you to confirm. Be sure to include correct contact information on the registration form.
- Late registration (joining a class after the series has begun) is possible on a space-available basis.

Fees

- The complete fee must be fully paid prior to the start of the first class.

Cancellation and Refunds

- You may withdraw from any class up to 10 days prior to the first class meeting and receive a full refund, less a \$25 administrative fee. No tuition refunds will be made after that time.
- Ames Art Studio will make a full refund for any class canceled due to insufficient enrollment.
- No refunds will be made for student absences or scheduling conflicts.
- **Weather-Related Closures:** Ames Art Studio & Gallery will close with the Acton-Boxborough Public Schools. Time will be made available for make-up classes during the week after the term ends. No refunds will be made for weather-related closures.