

REGISTRATION FORM

Please complete this form and email it inkyhandsHQ@gmail.com. Once we receive your registration form, we will contact you within 48 hours to confirm registration and to arrange payment. We look forward to seeing you in class!

WORKSHOP(S) _____

LOCATION _____ DATE(S) _____

PARTICIPANTS'S FULL NAME _____ AGE _____

MAILING ADDRESS _____

CITY/STATE/ZIP CODE _____

PARENT/LEGAL GUARDIAN _____ RELATIONSHIP _____

PRIMARY PHONE _____ EMAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

Please list any allergies, health conditions, behavioral conditions, special needs and/or other important information that would be helpful for us to know? _____

How will your child get home after the program? _____

The following individuals have permission to pick up my child. We will only allow children to leave the program with the individuals listed below. INKY HANDS STUDIO is not responsible for your child after he/she is dismissed from the program.

FIRST/LAST NAME _____ PHONE _____

FIRST/LAST NAME _____ PHONE _____

HEALTH INFORMATION

Emergency Treatment Release: In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by a INKY HANDS STUDIO representative. I hereby give permission to the medical personnel selected by a INKY HANDS STUDIO representative to secure any and all medical, hospitalization, dental, and/or surgical treatment. In event medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian. **Initial only if you choose to withhold permission for any Emergency Treatment Release.** _____

Primary Care Physician _____ **Phone** _____

MEDIA RELEASE

I expressly agree that INKY HANDS STUDIO may use photos, video, sound recordings taken of me and my child(ren), for any purpose, including use for publicity. In addition, I agree that INKY HANDS STUDIO shall have a fully-paid, perpetual license to use photographs, copies or reproductions of any work of art produced in its studio by me or my child(ren). **Initial only if withhold permission of any Media Release.** _____

ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNIFICATION

I hereby acknowledge, agree, and accept the risk of injury inherent in any physical activity or program, including particularly, the activities offered by INKY HANDS STUDIO. Such risks may include but are not limited to falling, bumping, risks from abrasions, scrapes, cuts, broken, sprained or bruised limbs, injury to eyes, consumption or inhalation of paint or other media, as well as risks from the actions or omissions of others. As such, I hereby release, discharge, indemnify and hold harmless INKY HANDS STUDIO, its owners, members, managers, instructors, affiliates, agents, employees, successors and assigns, from any and all injuries, illnesses, medical conditions, medical care, death, damages, claims, liabilities, expenses or judgments, including attorneys' fees and court costs resulting from my, my child(ren)'s, or my child(ren)'s caregiver's participation in a program or presence on MIGHTY MAKERS premises or other location where INKY HANDS STUDIO may conduct art instruction, except as such may arise out of INKY HANDS STUDIO gross negligence. I hereby release INKY HANDS STUDIO from any damage or loss to any of my personal property. I understand and agree to all of the terms of this Permission Form and all questions that I may have INKY HANDS STUDIO. I acknowledge receipt of and agree to the INKY HANDS STUDIO policies.

Parent/Guardian Signature _____ Print Name _____ Date _____

Payment: Cash _____ Check # _____ Credit _____ Date Paid _____