

# Murray Art Guild Summer Art Workshop Registration/Release Form

Students Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/St./Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Work Place and Phone # (or cell): \_\_\_\_\_

In Case of Emergency, Notify: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

List all known allergies (medications, foods, bee stings, etc.) \_\_\_\_\_

\_\_\_\_\_

Workshop Title: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

I will pay by: cash \_\_\_\_\_, check \_\_\_\_\_, or I would like to be considered for fee assistance \_\_\_\_\_.

I give permission for \_\_\_\_\_

- To participate in the above stated workshop.
- To be included in photographs that may be used in publications.
- I understand that all precautions will be taken to insure the health and safety of my child when on the premises of the Murray Art Guild and agree that under no circumstance shall the Murray Art Guild, its agents, employees or volunteers be held liable in the event of any injuries or accidents of any type that might arise.

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



**Workshop Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_