

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 he 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 of volunteers be held liable in the event of any injuries or accidents of any type that might arise.

Signed _____ Date _____



Workshop Title: _____

Date: _____ **Time:** _____