

REGISTRATION FORM
BRENDA WILLIAMS STUDIO
3107 SHERIDAN ST., PLACERVILLE, CA 95667

Name: _____ Date: _____

Street: _____

City: _____

State: _____ ZIP _____

Home phone: _____ Work Phone: _____

Cell phone number (for text messages): _____

Email: _____

Child's age (if under 18) _____ Parent's Name _____

Parent's Address (if different from above): _____

EMERGENCY CONTACT PERSON/NUMBER:

Name of Person responsible for tuition
payment: _____

Email address of Person responsible for tuition payment:

ALLERGIES

As snacks and tea are often served before class or at break time, please list all known allergies below:

OTHER:

Is there anything else that I need to know about the student? (special considerations, special needs, etc.)

Brenda Williams Studio

Waiver of Liability

I, _____ (Name), as a teacher, participant, student or guardian of participant in classes held at Brenda Williams Studio hereby agree to the terms of this Waiver of Liability. This waiver is in force for the entire duration of the class including preparation and cleanup and whenever I am on property owned by Brenda Williams, both interior and exterior.

I understand and acknowledge that there is no guarantee that this activity is free of risk of personal injury or property damage or loss. I agree to abide by all applicable Brenda Williams Studio policies and understand that Brenda Williams and/or the class instructor has the right to exclude me from the class if I become disruptive to an extent that is a detriment to the enjoyment of these premises by other class participants, visitors to Brenda Williams Studio, and Brenda Williams Studio employees. I understand that no one except the Owner of Brenda Williams Studio, Brenda Williams, or her specific designee has the authority to change or waive any of the provisions of this waiver.

I understand and acknowledge that in order to participate in this class I agree to assume all liability and responsibility for any and all potential risks, injuries, or even death that may be associated with my participation in this class.

I understand that I am financially responsible to Brenda Williams Studio for any artwork damaged or destroyed by myself or my dependents while I am in Brenda Williams Studio.

I understand, acknowledge, and agree that Brenda Williams Studio, Brenda Williams, its owner, employees, and volunteers, any assistants to or agents of the instructor, or any representatives of the above, shall not be liable for any injury, illness, damage to or loss of property suffered by me which is incident to and/or associated with preparation for and participation in classes at Brenda Williams Studio. I hereby release, discharge, indemnify, and agree to hold harmless all parties mentioned above free from any and all liability arising out of or in connection with my participation in this class. For purpose of this Waiver, liability means all claims, demands, losses, causes of action, suits, or judgments of any kind that may originate from any guardians, heirs, executors, administrators, and assigns against all parties mentioned above because of my personal, physical, or emotional injury, accident, illness, or death, or because of any loss or damage to property that occurs to me or my property during my participation that may result from any cause including but not limited to all parties mentioned above own passive or active negligence or other acts from fraud, wilful misconduct, or violation of the law.

_____(Initial) I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY. I UNDERSTAND THE POTENTIAL DANGERS AND AM WAIVING CERTAIN RIGHTS AND ASSUMING THE RISK OF DAMAGE FROM MY PARTICIPATION.

Signature Date
Student or Parent (if student under 18) **PLEASE PRINT**
Student Name: First _____ Last _____
Student or Parent Address _____
Student or Parent E-mail _____ Student
or Parent Phone _____ (Home) _____ (Cell)
Emergency Contact Name _____
Phone (Home) _____ Phone (Cell) _____