



Adult Participant Registration

P-R-I-N-T NEATLY

Date _____

Participant's Name _____
(first) (last)

Address _____

City _____ State _____ Zip Code _____ Phone # _____

E-mail: _____

EMERGENCY CONTACT *(Please list additional contacts on the back of this form.)*

Name _____ Home # _____ Work/Cell# _____

Please list any medical needs and/or allergies you may have: _____

REFUND POLICY: 50% refund if 15 days after first class. No refund after 15 days.

PHOTO RELEASE AGREEMENT *(Optional)*

Yes, I hereby grant permission for Crossroads Carnegie Art Center to take and publish still photographs and/or publish those previously taken of me.

Signature _____

Date _____

Crossroads Carnegie Art Center will not deny participation in any of its programs because of an individual's lack of funds. Contact Crossroads Carnegie Art Center, Monday through Friday, 10:00 am to 5:00 pm for information regarding limited, partial scholarship applications which should be turned in at least two weeks before the sign-up deadline.

WAIVER and AUTHORIZATION. Every reasonable effort will be made to ensure the safety of the student. Crossroads Carnegie Art Center does not assume responsibility for lost or stolen articles or for personal injuries sustained by participants. Knowing that Crossroads Carnegie Art Center does not carry accident insurance on program participants I will be financially responsible for any medical and/or other charges in connection with my participation in the program. I hereby waive, release and hold harmless Crossroads Carnegie Art Center, its sponsors and any and all persons and organizations associated with the program from any and all injuries, negligence, damage and for any claims or causes of action arising from my participation in the program.

BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING

Signature _____

Date _____