

Waiver
Signed

URBANA ART & SOUL SESSION/WORKSHOP REGISTRATION

2510 Urbana Pike Suite 104 Ijamsville, MD 21754
301-418-5458 www.urbanaartandsoul.com

STUDENT INFORMATION (PLEASE PRINT)

Student Name	<input type="text"/>	Home Phone	<input type="text"/>
Address	<input type="text"/>		
School	<input type="text"/>	Age/Grade	<input type="text"/>

PARENT/GAURDIAN INFORMATION (PLEASE PRINT)

Name/Cell #	1. <input type="text"/>	2. <input type="text"/>
E-mail Address	<input type="text"/>	

EMERGENCY CONTACT (PLEASE PRINT)

Name/Relation	<input type="text"/>	Contact number	<input type="text"/>
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HEALTH

Does your child have allergies or health concerns?
(Food/Insect allergies, disabilities, learning disorders)

Is there someone we may thank for referring you to Art & Soul?
Where did you hear about the studio?

CLASS

CLASS	DAY	TIME	COST

SUBTOTAL	
DISCOUNT	
TOTAL	

PAYMENT

Date of payment Cash Check #

Process Credit Card on file

Credit Card # Expiration Type

Name on Card _____

\$35 FEE FOR RETURNED CHECKS

GENERAL CONSENT & RELEASE

I hereby waive and release Urbana Art & Soul and its officers, agents, volunteers, and employees from all acts or omissions resulting in any physical injuries, medical treatment, or other damages to myself or any minors of whom I am a parent or legal guardian, resulting from participation in Urbana Art & Soul programs. I further waive and release Urbana Art & Soul and its officers, agents, volunteers, and employees from any damages sustained by the aforementioned or any guest of the aforementioned as a result of any condition, act, omission, or accident on or at Urbana Art & Soul studio or any other premises upon which any activity related to Urbana Art & Soul takes place.

Urbana Art & Soul reserves the right to suspend or remove any individual whose conduct is unsafe or inappropriate, with understanding that if the individual is removed, there will be no credit or refund given. Urbana Art & Soul is not responsible for any personal material, injuries, or liabilities.

I have read and understand the policies and procedures as stated and posted by Urbana Art & Soul LLC and agree to abide by the terms and conditions.

Parent /Guardian Signature _____ Date _____

Photo Release: I hereby give permission to Urbana Art & Soul to photograph my child and my child's artwork. I consent to the use of such materials for all uses including promotional material and the Urbana Art & Soul website. This release is granted in perpetuity.

Please initial Yes _____ No _____

