

# Class Registration

Name

Address

City State ZIP

Telephone Mobile

Email

Child's Age (if under 18) Parent's Name

Parent's Address (if different from above)

Parent's Place of Employment Employment Telephone

Class Title

Dates Fees

Deposit Amount Date Received

Make check payable to Crossroads Art Center or provide credit card information here:

- Visa
- MasterCard
- Discover

Credit Card Number Expiration Date

Signature CCV

*Please read and sign the Waiver of Liability on the following page.*

# Waiver of Liability

I, \_\_\_\_\_ (name), as a teacher, participant, or guardian of participant in classes held at Crossroads Art Center LLC (hereinafter referred to as Crossroads) 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 Delmar Development Company LP, 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 Crossroads policies and understand that Crossroads 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 Crossroads, and Crossroads employees.

I understand that no one except the Owner of Crossroads Art Center, Jenni Kirby, 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 Crossroads Art Center for any artwork damaged or destroyed by myself or my dependents while I am in Crossroads Art Center.

I understand, acknowledge, and agree that Delmar Development Company LP, Crossroads Art Center LLC, its owner, employees, and volunteers, \_\_\_\_\_ (name of instructor), 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 Crossroads Art Center.

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.

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Student's Name

Date

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Signature (of parent if student is under 18)

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Student or Parent Address

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Student or Parent Email

Contact Phone

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Emergency Contact Name

Emergency Contact Phone