



Class Registration and Release Form

Students Name: _____ DOB: _____ AGE: _____ will be participating in art classes held at the Aurora Images Art Studio. Tuition is \$100 per month providing 4 classes per month. The full monthly tuition is due by the 5th of each month prior to participation. Failure to pay full Tuition by the 5th of each month signifies the release of student's seat/place in his/her class.

STUDIO POLICIES

- 1.) The studio will be closed on nationally recognized holidays (Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas Day, New Years Day) INITIALS _____
- 2.) If you know in advance that your student will be out at any time during the month , the studio must be notified prior to their tuition being paid. The studio can only prorate ONE (1) missed class per month, per student with advance notice. Payment is expected for the remaining classes in the month (\$75) whether or not your student is in attendance. INITIALS _____
- 3.) If your child is going to to be out for an extended period of time (1 or 2 months) the studio can no longer hold your students spot without payment of 50% of the tuition (\$50) for each month that will be missed. This fee is applied to the missed month to hold your child's seat. The reduced tuition fee must be paid in advance of the extended leave in order to hold your students spot. Upon return, normal tuition fees will still apply. Your students seat will be considered a vacancy when these requirements are not met and will therefore be offered to other potential students. If these requirements are not met prior to the extended leave, but you still wish your student to be enrolled at the studio upon your return, your student's name can be placed on the waiting list for an available and suitable opening. INITIALS _____
- 4.) If your student unexpectedly misses a class during the month, it must be made up within the same month it is missed contingent upon space being available or it will be forfeited". INITIALS _____

Primary Contact: _____ Relationship to student: _____
Address: _____ City _____ State _____ Zip _____
Home (____) _____ Cell (____) _____ Work: (____) _____
Emergency Contact Name _____ Home
(____) _____ Cell (____) _____ Work: (____) _____

Confidential Medical Information:

Food or Medical Allergy(s) _____ Does participant take any medications regularly NO _____ YES _____ If YES, please describe the condition being treated and medication(s) type, dosage and frequency:

_____ Does the participant use a rescue inhaler for asthma? NO _____ YES _____ Name: _____

Does student normally wear glasses for reading purposes? NO _____ YES _____.

Does participant have any chronic medical conditions, illness or physical limitations that might inhibit the ability to participate in art classes? NO _____ YES _____. If YES, please list below.

Medical Release

I understand that if I, (the student) or my minor child (the student) become ill or injured, the staff of Aurora Images Art Studio will direct me to be taken to a physician or hospital as the situation or occurrence may dictate. I hereby authorize emergency medical treatment for the above named registered participant in the event of any illness or injury sustained during participation in the Aurora Images Art Studio class. I hereby authorize any health-plan participating or non-participating physician, hospital or other health care provider to provide emergency medical care and I hereby authorize any treatment advised or recommended by the attending physician to the above named participant at no cost to Aurora Images Art Studio. I assume all financial responsibility and waive all claims or future claims against Aurora Images Art Studio, its owners, their family members, employees, their family members, agents, program participants and anyone else acting in any capacity on their behalf for any illness or injury sustained by the above- named participant. I, the undersigned, have read this medical authorization consent form and declare and affirm consent to the content herein stated.

Signature _____ Date _____

Photographic Release

I hereby authorize that photographs may be taken of the above registered participant and that such photographs may be published, including on the Aurora Images website on the internet and used to promote Aurora Images Art Studio. I also give permission to reproduce photographs taken of my/my minor child's artwork for promotional purposes.

Signature _____ Date _____

Aurora Images Art Studio mailing list (optional)

I would like for my email address to be added to the Aurora Images Art Studio mailing list in order to receive updates on classes, schedules and future events related to Aurora Images Art Studio. (Email is our primary means of communication. Aurora Images will never share any of your personal information with others without your consent.)

Email address: _____

I prefer to be contacted by phone. Please do not add my information to the mailing list.

Required Signatures

The safety of each participant is our highest priority. We take all reasonable precautions to ensure the physical and emotional safety of our class participants, however, as in any other experience, we cannot eliminate all risk. By signing the following statement you acknowledge that you understand the risks of your/your minor child's participation in the Aurora Images Art classes, and assume complete liability for your/your minor child's participation. By signing below you also certify that all statements made herein complete and true.

Assumption of Liability

In recognition of the potential hazards, I, or my children, my heirs and assigned, do hereby release Aurora Images Art Studio, its owners and their family members, employees, their family members, program participants, their agents and anyone else acting in any capacity on their behalf from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, and specifically including any claim for negligence or negligent acts, arising from my or my minor child's participation in the Aurora Images Art Classes. I further agree to hold harmless and indemnify Aurora Images Art Studio, its owners and their family members, employees and their family members, program participants and its agents for all defense costs, including my attorney's fees and any other costs resulting in connection with my child's participation.

Signature _____ Date _____

Indicate Adult Student or Legal guardian of minor child