

Aurora Images Art and Photography Studio

Class Registration and Release Form

Students Name: _____ DOB: _____

AGE: _____ will be participating in the Basic Digital Photography Class held at the Aurora Images Art Studio. Class Fee is \$159.00.

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: _____

Page 2

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 and Photography 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 and Photography 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 and Photography Studio. I assume all financial responsibility and waive all claims or future claims against Aurora Images Art and Photography 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 Art and Photography Studio website, On the Aurora Images Art and Photography Facebook page, on the internet and for Aurora Images Art and Photography Studio promotionals. I also give permission to reproduce photographs taken by me/my minor child's for use by Aurora Images Art and Photography Studio promotionals.

Signature _____ Date _____

Page 3

Aurora Images Art and Photography Studio mailing list (optional)

I would like for my email address to be added to the Aurora Images Art and Photography Studio mailing list in order to receive updates on classes, schedules and future events related to Aurora Images Art and Photography Studio. (Email is our primary means of communication. Aurora Images Art and Photography Studio 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 any Aurora Images 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 and Photography 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 any Aurora Images Art and Photography Studio Classes. I

Page 4

further agree to hold harmless and indemnify Aurora Images Art and Photography 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.

I understand that I or my child is fully responsible for the use, protection and ultimate care of the camera equipment and lenses that I or my child will be using in class. In recognition of the potential hazards, I, or my children, my heirs and assigned, do hereby release Aurora Images Art and Photography 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/my minor child's use of said camera equipment .

Signature _____ Date _____

Indicate Adult Student or Legal guardian of minor child