



## Class Registration and Release Form

**Students Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ will be participating in art classes held at the Aurora Images Art Studio with the understanding that monthly tuition is based upon a \$25 fee per class during any given month and the full monthly tuition inclusive of all classes during each month will be paid by the 5<sup>th</sup> of each month prior to participation. Failure to pay full Tuition by the 5<sup>th</sup> of each month signifies the release of student's seat/place in his/her class.

**Primary Contact:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**HOME** (\_\_\_\_) \_\_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

**Home** (\_\_\_\_) \_\_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_\_

**Studio Policies:** Students may start at any time. Students may continue studying art at the studio for as long as they wish. All tuitions are due and payable to Aurora Images Art Studio by the 5<sup>th</sup> of each month. If Tuition is not received by the 5<sup>th</sup> of the month, **student's space becomes available for new students or transfers.** Proration is available for classes that will be missed during the month as long as **notification is provided at the time monthly tuition is paid.** If a student unexpectedly misses a class during the month, they may make up the missed class within the **same month as it was missed. Missed classes cannot carry over to the next month.** Parent/Guardian initials: \_\_\_\_\_.

### 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 \_\_\_\_\_.

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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.

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**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 information 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 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**