



River Region Art Gallery

RRAA Adult Class Registration Form

This form must be completed and signed by Student **** Please Print ****

www.artgumbo.org

Title of Class: _____ Instructor: _____

Date of Class: _____ Time of Class: _____ Cost of Class: _____

Student's Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Please list any medical conditions, allergies, or special concerns that we should be aware of:

In case of emergency, contact: _____ Phone: _____

Date Paid: _____ Amount Paid: _____ [] Check [] Cash [] Charge

Invoice No." _____

Please read the following terms carefully and sign:

1. Refund Policy	A. If student cancels, only 50% of student payment is refundable
	B. If Instructor cancels the class, 100% is refundable
2. Mail registration will be treated on first come basis.	
3. In the unlikely event of a medical emergency, every possible effort will be made to contact the aforementioned and medical assistance will be summoned	
4. Upon receipt of payment, you will receive class info and a supply list (also see the website)	

Release of Liability:

My signature acknowledges that I have read, and fully understand that RRAA policies stated herein. I hereby release River Region Art Association, its officers, volunteers, and class instructors from and all claims for injury, loss, damage, or negligence, I may suffer as a result of participation in a class.

Signature of Student

Date