



RRAA - ADULT 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: _____

Home Phone: _____ Work Phone: _____ E-Mail: _____

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

Please list any medical conditions or special concerns we should be aware of: _____

In case of Emergency, contact: _____ Phone: _____

Date Paid _____ Amount Paid: _____ (Circle One) Cash Check Charge

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. In the unlikely event of a medical emergency, every possible effort will be made to contact the aforementioned person and medical assistance will be summoned.

RELEASE OF LIABILITY:

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

Signature of Student

Date