



Class Registration Form

Name: _____ Date: _____

Phone #: _____ Email: _____

Mailing Address: _____ State: _____ Zip: _____

May we add you to our mailing/email list for future class announcements? _____

Full class descriptions available on our website: www.graceart.org & Facebook @GRACE

Class(es) you are registering for:

1. _____

2. _____

Total Amount Enclosed: \$ _____

Scholarships Available, please contact G.R.A.C.E.

Please make checks payable to: **G.R.A.C.E.** Once your payment is received your spot will be reserved. (If you need a payment plan, please contact Kathryn at GRACE: 472-6857 or grace@vtlink.net)

Please send registration form and payment to GRACE, P.O. Box 960, Hardwick VT 05843 or drop it off at 59 Mill Street in Hardwick. Questions? Call or email: 472-6857 grace@vtlink.net



Adult Student Information Form and Release of Liability

Student's Name: _____

Address: _____

e-Mail: _____ Phone: _____

Art Class(es): _____ Dates: _____

In case of emergency, call:

1. Name: _____

Relationship: _____

Phone: Daytime _____

Evening _____

2. Name _____

Relationship _____

Phone: Daytime _____

Evening _____

To the best of my knowledge, I am in good health and can participate in this class. I do not anticipate that I will have any health problems while participating in the class, however, Grass Roots Art & Community Effort (GRACE) should be aware of the following medical conditions or medications that I take: (if none, please state)

I understand that even after reasonable precautions have been taken, class activities may involve hazards, and that Grass Roots Art & Community Effort (GRACE) will provide each participant with due care, but that Grass Roots Art & Community Effort (GRACE) cannot insure that I will remain free of injury. I agree to hold harmless and indemnify Grass Roots Art & Community Effort (GRACE) and its employees, and agents from any and all losses, penalties, injuries, damages, settlements, costs, or other expenses or liabilities arising out of the art class(es).

In the event that I become ill or injured during the art class, I authorize staff to seek emergency care.

Student Name (print): _____

Student Signature: _____

Date: _____

Photo Release

I grant to GRACE, it's representatives and employees the right to take photographs and video of me and my artwork in connection with this subject. I authorize GRACE, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that GRACE may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Student Name (print): _____

Student Signature: _____

Date: _____