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# Adult Education Registration Form

Be sure to fill out this form completely.

Date: \_\_\_\_\_ Class or classes: \_\_\_\_\_

Name: \_\_\_\_\_ OCAF Member:  Yes  No

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ State: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

I give permission for photographs to be taken of me or the work  
 I produce for publicity or press releases:

Yes  No

Return the completed the registration form and waiver:

## Adult Student Waiver

Please read carefully, complete form and sign the hold harmless agreement state below:

I, {print Name), \_\_\_\_\_

Hereby agree to all polices and conditions stated in this class offering flyer and I further agree to save and hold harmless the Oconee Cultural Arts Foundation, Inc. (OCAF) including all officers, members, of the board of directors, employees of OCAF, contract instructors and OCAF volunteers in the event of personal injury or damages to myself caused by negligence or other acts while participating in any classes. I further release and agree to fully indemnify Oconee Cultural Arts Foundation, Inc. (OCAF) and School Street Studios, including all officers, members of the board of directors and employees of OCAF, contract instructors and OCAF volunteers from liability in the event that damages are awarded against any of the above rising out of injuries to me. I assume all risks and hazards incidental to the conduct of activities and transportation to and from OCAF.

I understand health, or accident insurance that would cover my medical, hospital or related expenses in the event of injury in this activity is my responsibility. I understand OCAF strongly recommends that if I do not have sufficient insurance to cover such incidents that I should take the necessary action to obtain such insurance before participating in any class or workshop.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_