



Oconee Cultural Arts Foundation

34 School Street
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Watkinsville GA 30677
ph# 706.769.4565
fax # 888.804.6581
info@ocaf.com
www.ocaf.com

Adult Art Education Registration Form & Waiver

Instructions — Be sure to fill out form completely
Print form and: fax to 888-804-6581 or mail with your payment to the PO Box address above or bring by with your payment during business hours Tuesday - Saturday 10 AM to 4 PM

Date: _____ Class or classes: _____

Student Name: _____

Mailing Address: _____ City: _____

Zip: _____ State: _____ Email Address: _____

Cell Phone #: _____ Home Phone: _____

Emergency contact number: _____

How did you find out about our art class/workshop? If newspaper, please indicate which one

Full payment of tuition and material fees are due at the time of registration.
OCAF will refund all fees paid for canceled classes.
Paying by Check: Credit Card: Visa [] Master-card [] Discover []
Make Check Payable to: OCAF Card # _____
OCAF Member: [] Yes [] No Expiration Date: _____

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