OCAF
Oconee Cultural Arts Foundation

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fax # 888.804.6581
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Youth 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: _____ Parents Name: _____

Mailing Address: _____ City: _____

Zip: _____ State: _____ Email Address: _____

Please check the box of which phone is best to call -

Cell Phone #: _____ ☐ Home Phone# : _____ ☐

Emergency contact person: _____ Phone # : _____

I hereby give permission to take my child's photo during class for promotional purposes: Yes ☐ No ☐

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:

Make Check Payable to: OCAF

OCAF Member: ☐ Yes ☐ No

Credit Card: Visa ☐ Master-card ☐ Discover ☐

Card #_____

Expiration Date: _____

Child Waiver (under 18)

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 my child 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 my child. 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 of Parent of Guardian Date

Name of Child:_____