

Paint & Draw Workshop

AUTUMN 2019



Registration & Waiver

All participants must register.
Children will not be permitted to attend without a
parent/guardian completing this form.

One form per participant

Participant's Name:

Address:

Phone Number:

Alternate (in case of emergency):

Parent(s) Names (if under 18):

Email:

Participant's Age (if under 18):

Food Allergies, if any:

Cost: (Check one)

Participant is attending all **eight** sessions (SEP 19, 2019 – NOV 14, 2019)
Special Rate by September 12, 2019 is \$104/participant.
Paid registration includes most supplies and a snack.

~OR~

Participant is attending _____ sessions x \$15 (by September 12, 2019)
Paid registration includes most supplies and a snack.

- SEP 19, 2019
- SEP 26, 2019
- OCT 3, 2019
- OCT 10, 2019

- OCT 17, 2019
- OCT 24, 2019
- NOV 7, 2019
- NOV 14, 2019

To reserve a place, mail or drop off payment with Registration-Waiver to:
Corby Blem, 322 South Pine Street, Mount Pleasant, MI 48858.
CREDIT CARDS NOW ACCEPTED (additional fee applies)
by **Thursday, September 12, 2019**

Registration: \$104/participant or \$15/session by September 12, 2019. Drop-in Rate after September 12, 2019 is \$18/session (48-hour notification with payment is necessary.) Full payment is due with registration. Checks payable to: Corby Blem.

Cell: 989.400.9980

Email: pa.blem@yahoo.com

Website: www.corbyblem.com

Facebook: [Corby Blem - Artist](https://www.facebook.com/CorbyBlem-Artist)

Permission/Waiver Form

AUTUMN 2019 Paint & Draw Workshop
Thursdays, SEPT 19 – NOV 14, 2019

Name of Minor or Adult Participant:

Address

City State Zip

Name of Parent or Guardian

Home Phone Work Phone

Emergency Contact Name

Relationship to Minor

Home Phone Work Phone

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I, if I am a participant, can attend and participate in the activity listed above.

I give permission to the supervising members to act in my behalf in administering emergency medical treatment for accident or illness as necessary during this activity. I hereby voluntarily waive any claim against the leaders and sponsoring institution for any and all causes which may arise in connection with this activity.

I also certify that, to the best of my knowledge, the minor named above or I, am physically fit to engage in the activity described above.

I give my permission to photograph and publish my child/myself participating in instructional activities.

Signature of parent or guardian/participant

Date