

Paulding Fine Arts Association Art Class Registration Form

Date _____

Name _____ Grade _____ Age _____ (Kids only)

Parent's Name _____

Address _____

City _____, Georgia Zip _____

Phone (Home) _____

Phone (Cell) _____

Phone (Work) _____

Email _____

Special Needs/Allergies _____

Name of Class _____

Date of Class _____

Time of Class _____ Cost of Class _____

Instructor of Class _____

PHOTO RELEASE

From time to time, the student that is registered in a class may be photographed or videotaped by a PFAA member. These images may be used on our website, facebook page, newspaper, brochure, presentation or TV without compensation from or liability on the part of PFAA, its agents and or employees/members.

Photo Release agreement _____

HOLD HARMLESS RELEASE AGREEMENT

Permission to provide EMERGENCY MEDICAL TREATMENT

I authorize the staff of the PFAA to organize any required medical or first aid procedure, or to take the undersigned student to the hospital emergency room for treatment. I understand that every effort will be made to notify the parent or individual indicated as emergency contact beforehand by telephone. The undersigned hereby forever releases, discharges and covenants to hold harmless the PFAA, and all parties affiliated with the PFAA, their heirs, administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expenses, loss of services actions and caused of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularity on account of all personal injury, disability, property damage, loss or damage of any kind sustained or that may hereafter be sustained arising out of the matters described herein. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

Participants Name _____

Participant/Parent Signature (if under 18) _____