



Cultural Arts Council
of Douglasville/Douglas County

CLASSES & WORKSHOPS & ARTS CAMPS
Permission & Registration Form

Student Name: _____ Sex: _____ Age: _____

Parent/Guardian (if student is under18) _____

Address _____

City _____ State _____ Zip _____


Phone 1 _____ Phone 2 _____

Email address _____

Emergency Contact _____

Relationship _____ Emergency Phone _____

How did you hear about CAC's Classes, Workshops & Camps? _____

Class/Workshop Title	Instructor	Times	Tuition
 Become a Member! A \$30 Family Membership entitles everyone in your family to receive a 10% discount on classes.		Membership Discount	
		TOTAL	

I have/my child has no physical problems, limitations, or allergic reactions (except those listed below), that the teaching artists should be aware of in terms of my participation in the activities.
Please list below any physical limitations, medical needs, or allergic reactions below:

Payment must be made at the time of registration.

Make checks payable to CAC or
Pay online at www.artsdouglas.org



OFFICE USE ONLY

AMOUNT PAID: _____ Check # _____ Cash: _____ PayPal: _____

Staff Signature _____ Date paid: _____

Registration Entered: _____ (date) Email address added: _____ (date)

Physical address added to DB: _____ (date) Photo Release: YES NO (circle)

CULTURAL ARTS COUNCIL CLASSES, WORKSHOPS AND CAMPS POLICIES

FEES: All fees are non-refundable and non-transferable. CAC does not pro-rate classes.

CANCELLATIONS: If a class or workshop has to be cancelled by the instructor or CAC, you will be notified as soon as possible and a make-up session will be scheduled. If a student cannot attend a class no make-up session is offered.

STUDENT BEHAVIOR POLICY: CAC reserves the right to cancel, with no refund, the registration of a student, if participation by the student is deemed disruptive or interferes with the learning atmosphere of the class/workshop.

IMAGE RELEASE: I (the undersigned) hereby grant to CAC the right to photograph me or my child during classes and performances, and to use my or their image, photograph, silhouette and other reproductions of their physical likeness in connection with ongoing CAC publicity. I agree that I will not assert or maintain against CAC, their successors, assigns and licensees, any claim, action, suit or demand of any kind or nature whatsoever, including but not limited to those grounded upon invasion of privacy, rights of publicity or other civil rights, or for any reason in connection with CAC's authorized use of me or my child's likeness for CAC publicity purposes, By my initials and signature here I understand that I agree to the above mentioned guidelines and completely turn over all right to the images to CAC. Initial _____

RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT: I (the undersigned) hereby understand and acknowledge the nature and extent of the activities that will be involved in the classes/workshops/camp and assume the risk inherent in such activities on behalf of myself and any minor children. I voluntarily waive any and all claims, costs, liabilities, expenses (including attorney's fees) and judgments against CAC, its directors, officers, employees, subcontractors, and agents and hereby release, excuse and discharge CAC, its directors, officers, employees, subcontractors, and agents from all claims, costs, liabilities, expenses (including attorney's fees), and judgments which might arise out of any participation in the classes/ workshops/camp and all aspects attendant thereto. The undersigned further agrees to indemnify and hold CAC, its directors, officers, employees, subcontractors, and agents harmless from any and all claims, costs, liabilities, expenses (including attorney's fees) and judgments that may arise out of my/my child's participation in the classes/workshop/camp. Initial _____

Student Signature
(or Parent or Guardian if Student is under 18)

Print Name

Date

S-drive/Education/DGH 7/14