



## Class Registration Form

Print and drop off at gallery with payment or mail to: *Dedham Square Artist Guild, 553 High St, Dedham MA 02026*

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City | State | Zip: \_\_\_\_\_

Note: Space is reserved with full payment of fees.

Class 1: \_\_\_\_\_ Day|Time: \_\_\_\_\_

Fee: \_\_\_\_\_

Class 2: \_\_\_\_\_ Day|Time: \_\_\_\_\_

Fee: \_\_\_\_\_

If you have more than one person taking a class, you will need to fill out an application for each student.

Total Payment Due: \_\_\_\_\_ Cash

\_\_\_\_\_ Check (please make checks payable to DSAG)

The Dedham Square Artist Guild reserves the right to cancel any class with insufficient enrollment. We will refund the full registration fee of the class if you are unable to attend the proposed make up date. Cancellations on participant behalf or no-shows are non-refundable

\_\_\_\_\_  
Signature of Registrant or Parent/Guardian      Date

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FOR OFFICE USE ONLY

\_\_\_\_\_  
Received by



**RELEASE AND WAIVER OF LIABILITY AGREEMENT  
Dedham Square Artist Guild**

I, \_\_\_\_\_, (“Participant”), acknowledge that I have voluntarily applied to participate in the ART CLASS:

\_\_\_\_\_  
*(Description of activities, which Participant will engage in)*

*I am aware that the classes I am voluntarily participating in may involve using possibly dangerous materials (ie., scissors, glues, knives). With knowledge of the possible dangers involved, I agree to assume any and all risks of bodily injury, death or property damage, whether those risks are known or unknown.*

I verify this statement by placing my initials here: \_\_\_\_\_  
Parent or Guardian’s initials (if under 18): \_\_\_\_\_

I forever release the Dedham Square Artist Guild and its members, their respective directors, volunteers, agents, contractors, and representatives (collectively “Releasees”) from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (1) my participation in these activities, (2) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (3) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

***I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Dedham Square Artist Guild, and sign it of my own free will***

**PARTICIPANT/RELEASOR**

**PARENT OR GUARDIAN**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

***If you are under 18 years of age, your parent or guardian must sign and/or initial this form where appropriate.***

\_\_\_\_\_  
For Office Use Only

Received by: \_\_\_\_\_ Date: \_\_\_\_\_