

UVAA USE ONLY

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Initials:

2009 Summer Art Classes
Sign Up Form

This form must be completed in order to register your child for any summer art classes. Registrations can be made at the Arts Center and paid by cash, check or MasterCard/Visa. Payment is due at time of registration. We will accept a registration by fax if it is accompanied by a credit card number. No email registrations. Mail completed form to Umpqua Valley Arts Association, 1624 W Harvard, Roseburg, OR 97471.

Phone: 672-2532 / Fax: 672-7696

Parent/Guardian Name: _____

Address: _____

Daytime Phone: _____ Email: _____

Does your child have any medical/behavioral issues we need to be aware of? _____

If yes, please describe: _____

Are you a member of Umpqua Valley Arts Association? Yes No

Child's Name: _____ Current Age: _____

Class Title: _____ Date: _____

Class Fee: _____

Method of Payment: Check: _____ Credit Card Visa/MC only: _____ Cash: _____

Child's Name: _____ Current Age: _____

Class Title: _____ Date: _____

Class Fee: _____

Method of Payment: Check: _____ Credit Card Visa/MC only: _____ Cash: _____

Child's Name: _____ Current Age: _____

Class Title: _____ Date: _____

Class Fee: _____

Method of Payment: Check: _____ Credit Card Visa/MC only: _____ Cash: _____

Emergency Medical Release & Liability Waiver

This authorization for medical treatment must be completed before children start class.

Please use one form per family

Should an emergency arise, we will attempt to contact the parent/guardian first. In the event they cannot be reached, we will call 911.

Emergency Information

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Allergies: _____

Other Medical Conditions: _____

Physician: _____ Phone: _____

Medical/Hospital Insurance Co.: _____

Policy Holder's Name: _____ Policy Number: _____

Please Read Carefully and Sign

I (we) authorize Umpqua Valley Arts Association and their representatives, to authorize medical attention by certified medical personnel (i.e. EMT, First Responder, E. R. Physician) for my son/daughter, which may become necessary. I (we) understand that I (we) will be notified as soon as possible in the event of an emergency. My insurance company or I will assume all expenses of such treatment. I (we) agree to protect, defend, indemnify and hold harmless Umpqua Valley Arts Association, including its board of directors, employees, artists and volunteers from and against all claims, demand, losses, suits, liabilities, costs or other damages including court costs and attorney

Parent/Guardian: _____ Date: _____

Minor Photo Release

In consideration of the engagement as a model of the minor named below, and of other good and valuable consideration herein acknowledged as received, I hereby grant Umpqua Valley Arts Association, its heirs, legal representatives and assigns, those for whom Umpqua Valley Arts is acting, and those acting with its authority and permission, the absolute right and permission to copyright, in its own name or otherwise, and use, reuse, publish, and republish photographic portraits or pictures of the minor or in which the minor may be included in whole or in part or composite or distorted in character or form, with restriction as to changes or alterations in conjunction with the minor's own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium at its studios or elsewhere, and in any and all media now or hereafter known for illustration, promotion, art, advertising, trade or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that I or the minor may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to save harmless Umpqua Valley Arts Association, its heirs, legal representatives and assigns, and all persons acting under its permission or authority or those for whom it is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composition forms, whether international or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I further state that I have read the above authorization, release and agreement prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon me, and my heirs, legal representatives, and assigns.

Printed Name of Minor: _____

Minor's Address: _____

Printed Name of Guardian: _____

Relationship to Minor: _____

Guardian's Signature: _____

Guardian's Address: _____

Witness Signature: _____ Date: _____

Witness Signature: _____ Date: _____