



2012 Summer Class Registration Form

Umpqua Valley Arts Center

1624 W. Harvard, Roseburg OR 97471

Arts Center Hours: Tuesday - Friday, 10:00 a.m. - 6:00 p.m.

To register for classes at the Umpqua Valley Arts Center simply fill out the form below. You can register online, by mail, fax or *in person*. Phone registration will not be accepted. Registration for minors must include "Emergency Medical Release & Liability Waiver" AND "Minor Photo Release".

Name (parent/guardian if minor): _____

Mailing Address _____

Email: _____ Phone: _____

Emergency Contact: _____ Phone: _____
(form must be completed in full to register)

Student's Name	Age	Class Title	Date	Time	Fee

Full payment at the time of registration is required. No refunds will be issued for student cancelation after class registration deadline is passed; no exceptions. UVAA reserves the right to cancel a class if the student minimum is not met at the time of registration deadline. In the event UVAA has to cancel a class, all students will be contacted and a full refund will be made.

Are you a UVAA Member? Y / N

UVAA Use:

Initials: _____ Payment: _____ Logged: _____ Date: _____

Umpqua Valley Arts Association Emergency Medical Release and Liability Waiver

This authorization for medical treatment must be completed at the time of registration.

(To minimize paperwork, please use one form per family)

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

Emergency Information

Parent/Guardian Name _____ Phone _____

Parent/Guardian Name _____ Phone _____

Child's Name _____ Date of Birth _____

List allergies: _____

Child's Name _____ Date of Birth _____

List allergies: _____

Child's Name _____ Date of Birth _____

List allergies: _____

Child's Name _____ Date of Birth _____

List allergies: _____

Street Address _____ City _____ Zip _____

Other Medical Conditions _____

Physician _____ Bus Phone _____

Medical/Hospital Insurance Co. _____

Policy Holder's Name _____ Policy Number _____

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 the minor, should it become necessary. My insurance company, or I (we), will assume all expenses for any required 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 fees.

Parent/Guardian Printed name _____

Signature _____ Date _____

Umpqua Valley Arts Association

Minor Photo Release

(This must be completed at the time of registration)

On a few occasions, Umpqua Valley Art Association (UVAA) uses class pictures to further the communities' awareness of art programs being offered during the year. This release is to inform the child's guardian and to give permission to UVAA to use any material if and when necessary for advertising.

I hereby give the Umpqua Valley Arts Association(UVAA) the legal right to use, re-use, publish and republish any class pictures in which the minor may be included, in part or in whole, in order to publicize and/or further the awareness of classes and /or arts programs held and sponsored by the UVAA.

I hereby waive any right that I, or the minor, may have to inspect or approve the finished product or product, 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 hold 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 intentional or otherwise, that may occur or be produced in the taking of any 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 legal age and have every right to sign 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.

Date_____

Printed Name of Minor(s)_____

Minor's Address (if different from guardian)_____

Printed Name of Guardian_____

Relationship to Minor_____

Guardian's Signature_____

Guardian's Address_____

Witness Signature_____