

Seraphim Studio

(530) 650 – 6517 † www.seraphimartstudio.com

Registration

Name: _____

Address: _____

Email: _____

Phone: _____

Your Art Interests

Tell me anything about your interest in art:

Have you taken art classes before? Yes _____ No _____

If so, what classes have you taken?

What would you like to see yourself gain from me as your teacher?

Please check all that apply. I am interested in more information about:

Group Classes _____ Private Lessons _____ Retreats _____

Birthday Parties _____ Family Art Project _____

Emergency Information

In case of an emergency who should I contact

Name: _____

Phone: _____

Medical Information

Physician's Name: _____ Phone _____

Address: _____

Hospital to go to in case of an emergency: _____

Name of Health Insurance: _____

ID #: _____ Group #: _____

Policy Holders Name: _____

In case my emergency contact cannot be contacted, I grant permission for Julie Shanks of Seraphim Studio to provide or arrange for medical treatment and/or transportation to an evacuation site and/or medical facility for myself if I am incapacitated for some reason.

Printed Name: _____

Signature: _____ Date: _____

Liability Release Form

Name: _____

In consideration of allowing the previously declared participant(s) in Seraphim Studio's activities, while on the premises and property of the home of Paul and Julie Shanks, the undersigned, for themselves, and/or being the legal and acting guardian of participant(s), acting for themselves and on behalf of the participant(s) release and hold harmless Seraphim Studio, its owners, employees, and agents of any from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while on or upon the premises upon which Seraphim Studio is conducted, or any premises under the control and supervision of Seraphim Studio's, its owners, officers, employees, or agents or in route to or from any of the said premises, or while at any premises or place when activities sponsored by or participated in by Seraphim Studio, its owners, officer, agents, or employees.

Printed Name: _____

Signature: _____ Date: _____

Art and Photo Release Permission Slip

I, _____,
(Please print name here)

hereby consent to the use of photographs taken during classes at Seraphim Studio for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use or for damages.

_____ Yes, I give consent for Seraphim Studio to photograph myself or my art for the purposes stated above.

_____ No, I do not authorize Seraphim Studio to photograph myself for any of the purposes stated above.

Printed Name: _____

Signature: _____ Date: _____