JESSIE FRITSCH ENCAUSTICS **2020** WORKSHOP WAIVER

BEESWAX • PIGMENTS • TREE RESIN • PAINTED ON WOOD AT 180°

MY ART STUDIO HAS PROPER ELECTRICAL AND VENTILATION TO ENSURE A SAFE WORKING ENVIRONMENT.

Please fill in the information below, sign, and date the waiver.

A signed waiver is required before entering Fritsch's property.

Waivers can be scanned and emailed to Jessie@JessieFritsch.com

or a hardcopy can be mailed to 1816 McCulloch St. Stevens Point, WI

 Date and hours of Workshop: How did you find out about the encaustic workshop Are you right-handed or left-handed? This is for wor May I take photos of you and your artwork during the website? I will also email students photos of the wor Optional. Who is your favorite musician or music style 	rkstation set-up. Please circle: RIGHT OR LEFT he workshop for my social media and rkshop. Please circle: YES OR NO
 I will be communicating about workshop details through the Please add my email jessie@jessiefritsch.com to your demails from ending up under spam emails. Pets are in my studio. They will not be present but tho My art studio is on the second level with stairs. There is 	email contact list. This helps to prevent my se with allergies please take precaution.
CANCELLATION POLICY: NO REFUNDS. • WORKSHOPS CANCELLED WITH MORE THAN THREE Y TRANSFER TO A FUTURE WORKSHOP. • WORKSHOPS CANCELLED WITH LESS THAN THREE W FORFEIT PAYMENT AND THE WORKSHOP WILL NOT E • NO DISCOUNTS OR REFUNDS CAN BE GIVEN FOR PAF	WEEKS' NOTICE BEFORE SCHEDULED WORKSHOP WILL EEKS' NOTICE BEFORE SCHEDULED WORKSHOP WILL BE TRANSFERRED TO A FUTURE WORKSHOP.
or executors, hereby releases, discharges, and waives all clair injuries, damages, or loss of any kind that might be sustain health condition, new or pre-existing, that might develop cannot reduce or waive these terms in the event of circumsta	for herself, and all agents, employees, assignees, administrator ms of liability against Jessie Fritsch and/or Elly Fritsch for any ed while participating in the Encaustic Workshops, or for any or be affected or aggravated as a result of participation. We ances beyond our control such as illness or acts of nature. Jessie losses or illnesses incurred by participants during or as a result of
PLEASE CHECK THE BOX STATING YOU HAVE READ THIS WAIV POLICY. SIGNING THIS WAVIER MEANS YOU UNDERSTAND AND	ER, INCLUDING THE WORKSHOP REQUIREMENTS AND CANCELLATION AGREE TO THE ABOVE WORKSHOP TERMS.
signature:	DATE:
PRINT NAME	PHONE:
ADDRESS:	STATE:ZIPCODE:

EMAIL: