

| Full Name: | |
|--|---|
| Date of Workshop: | |
| Email Address: | |
| Phone Number: | |
| Mailing Address: | |
| Are you right- or left-handed? | |
| How did you hear about this workshop? | |
| Music preferences (optional): | |
| WORKSHOP PLANNING | |
| Jessie will contact you before the workshop to plan your project is wasted choosing subject matter. Each guest creates a unique "everyone makes the same thing" workshop. | |
| If you want to create representational imagery, you must email or reference photo before the workshop. You will transfer your own panel, and Jessie will not draw images for guests. | · |
| □ I understand | |
| Describe your idea or subject matter (optional): | |
| | |
| | |

Preferred communication method (circle one): Email Text Phone Call



LIABILITY ACKNOWLEDGMENT

I have read the Workshop Packet and understand the safety and liability information, including risks associated with hot tools, wax, pigments, and fumes. I agree to participate responsibly and follow all safety instructions.

| Signature acknowledging agreement: | |
|---|-----------------|
| Date: | |
| | |
| PHOTO & VIDEO CONSENT Buzz in Art Studios may take photos or short video clips during promotional use on social media or the studio website. | g workshops for |
| □ I consent | |
| □ I do not consent | |
| Social media handle(s) (optional): | |
| IF PARTICIPANT IS UNDER 18 Parent/Guardian Name: | |
| Parent/Guardian Signature: | Date: |

CONTACT INFORMATION

I prefer that guests complete the online Google Form. If you need to use this printable version, please take a photo of the completed waiver and email or text it to Jessie. Please do NOT mail waivers to 4472 County Road J in Arnott. Not my mailing address.

Jessie Fritsch jessie@jessiefritsch.com 715-252-4125 BuzzInArtStudios.com