



Decatur Area Arts Council Registration and Waiver Form

Return with your payment to:
 Decatur Area Arts Council
 125 N. Water St.
 Decatur, IL 62523

	Student Name	Age	Class	Fee
1.				\$
2.				\$
3.				\$
4.				\$
<input type="checkbox"/> Member <input type="checkbox"/> Non Member <input type="checkbox"/> New-Member (Ask about our membership levels to receive discounts on classes)				\$
Total Cost: Please pre-register at <i>least</i> one week before a class starts to help us avoid unnecessary class cancellations. Thank you!				\$

Method of Payment: Cash Check Credit Card

Parent/Guardian _____

Address _____

City/State/Zip _____

Home Phone _____ Cell _____

Email _____

For Credit Card Payment

Name on Card _____

Card No. _____

Expiration _____ CVC No. _____

Signature _____

Refund Policy - Class refunds or a class credit can be provided only if requested at least five (5) days prior to the class. Requests must be made in person or by phone. There are no refunds for missed classes.

Program Waiver & Release of All Claims

Please read this information carefully and be aware that in signing up and participating in the program you will be waiving and releasing all claims for injuries you or your child might sustain arising out of this program.

(Acknowledgement of risk of injury clause)

"As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I or my child may sustain as a result of participating in any and all activities connected with or associated with such programs."

(Release from liability clause)

"I do hereby fully release and discharge the Decatur Area Arts Council and its officers, agents, servants and employees from any and all claims from injuries, including death, damages or loss which I or my child may have or which may occur to me or my child on account of my participation in the program."

(Indemnity and defense clause)

"I further agree to indemnify and hold harmless and defend the Decatur Area Arts Council and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and loss sustained by me or my child and arising out of, connected with or in any way associated with the activities of the program."

(Waiver of claim for injury clause)

"I agree to waive and relinquish all claims I or my child may have as result of participating in the program against the Decatur Area Arts Council and officers, agents, servants and employees."

Photographs Permitted Yes No

Signature of Participant (or parent or guardian if under 18)

 Today's Date

Where did you learn about our classes? _____

For more information about the Decatur Area Arts Council
 217.423.3189 • www.decaturationarts.org • www.facebook.com/decaturationarts