



Art and Creativity Coaching Registration & Release

Please print this form, complete it, and mail it to 32868 Hoffman Rd NE, Kingston, WA, 98346, with your tuition check made out to Marcia Randall DeBard.

Adult Information:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell #: _____ Email address: _____

Youth Information:

First Name: _____ Last Name: _____

Emergency Contact Information:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell #: _____ Email address: _____

Class Information:

Class: _____ Day: _____

Tuition Amount Enclosed: \$ _____

How did you learn about Shabala Studio? _____

Please use the back of this form to list ALL people authorized to pick up your child. I will not release your child to anyone else.

Policies:

Tuition: Students are guaranteed a spot in class only after BOTH payment AND registration and release forms are received. For your convenience cash and checks are welcome. There will be a \$20 charge for checks returned due to insufficient funds.

Refunds: You may transfer into another class only if notification is given at least 2 weeks before class is due to begin. Missed classes will not be refunded or deducted from tuition. Refunds are given only if class is cancelled or full.

Make-up classes: (Art Ed Only): Scheduled at 4:30 on week 10 for anyone who has missed class during the 9-week session. No other classes have make-up opportunities.

Drop Off/Pick Up: Shabala Studio has no waiting area and is unable to provide child care before or after class. The studio is open to receive students 5-10 minutes before class is due to begin. If you arrive earlier than that, please stop and enjoy beautiful Eglon Beach until the studio opens.

Release:

I grant permission for Marcia Randall DeBard to use photographs (of students and their art) taken during this program in the promotion of Shabala Studio. I understand that all information gathered by Shabala Studio is considered private and will not be shared.

Signature: _____ Date: _____

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RELEASE & WAIVER OF LIABILITY

THIS AGREEMENT is entered into by and between the undersigned participant (hereinafter "Participant") and Shabala Studio, a Washington sole proprietorship and Marcia Randall DeBard (hereinafter "Shabala Studio"), regarding activities, programs and classes (hereinafter "Activities") offered at Shabala Studio located at 32868 Hoffman Rd. N.E., Kingston, WA (hereinafter "Property") as follows:

RECITALS

WHEREAS Shabala Studio conducts Activities on the Property that present certain risks, including among others, bodily injury; and

WHEREAS Participant understands these risks and desires to participate in such Activities conducted by Shabala Studio.

AGREEMENT

Based on the recitals above, and in consideration for Shabala Studio allowing Participant to engage in its Activities, Participant hereby agrees as follows:

I, _____ **(print)**, hereby acknowledge, understand and agree that I am a voluntary participant in Shabala Studio's Activities, which involve a risk of personal injury and other damages. I hereby undertake all Activities with the full understanding of any and all risks involved and accept full responsibility for my safety and participation (and any minor(s), if applicable), including responsibility for any loss, medical or other expenses following injury. I attest that I am physically capable of participating in Shabala Studio's Activities and have no known health restrictions that might jeopardize my safety or health or the safety or health of others during their participation in the Activities. By my signature below (and, in the case of any minor(s), a parent's or guardian's signature), I hereby assume all risk of injury and hazards incidental to such participation, including transportation to and from activities. I hereby waive and release all claims, causes of action and lawsuits against Shabala Studio, and agree to indemnify, defend, and hold harmless Shabala Studio, as well as Shabala Studio's affiliates, agents, contractors, employees, members, representatives, successors and assigns from any claim, damages, loss, or liability (including attorneys' fees and costs) arising out of or related to any act or omission of Shabala Studio and/or its affiliates, agents, contractors, employees, members, representatives, guests, invitees, and licensees on the Property, relating to my participation in Shabala Studio's Activities on the Property. This Agreement is intended to be the parties' complete, integrated expression of the terms of their understanding. This Agreement shall be governed by and enforced to the greatest extent permitted by the laws of the State of Washington. I have carefully read and fully understand this waiver and release of liability.

SIGNED: _____

DATED: _____