

DOW ARTS

 *program*

Each student must submit a completed registration form for each separate class.

For Child or Youth Workshops/Classes

Name: _____ Age: _____ Birth Date: _____

Emergency Contact:

Name: _____ Relation: _____

Phone: _____

Allergies or Special Concerns (if so, please explain):

Release Agreement

I understand that students under 16 years must be accompanied into the facility by a parent or guardian when they are brought to art class. A parent or guardian must also physically come in to pick up their child. Students must be picked up promptly at the end of class. Other arrangements must be submitted in writing before or on first day of each session.

I give permission for the programs instructor to walk or drive my daughter/son on local destination field trips (Whipple House garden, Sally's Pond, Town Wharf, etc.) in order to study landscapes and produce artwork for the course.

I agree that the Ipswich Museum can use images taken of my child for use of publications for the Dow Arts Program's advertising and publicity.

I agree to the fullest extent to be responsible for any medical bills, which may incur resulting from illness or injury during my child's participation in art classes. I also understand and agree that I am expected to carry my own accident and medical insurance. I release the instructor of the art classes and the Ipswich Museum from any and all liability and/or claims or damages arising out of personal injury of any kind.

I have read and understand the contents of this registration form, including the Refund and Cancellation policy and the Release Agreement:

Signature of Parent/Guardian: _____

Date: _____

Print Name: _____