



CLASS REGISTRATION FORM

To pay with credit card, register for classes online at www.artcentervb.org/classes
 or return this form with payment to the VB Art Center, 532 Virginia Beach Blvd., 23451
 Make checks payable to VB Art Center

| | | |
|--|--|-----------------|
| Participant Name: | | Date of Birth*: |
| Parent Name (for minors): | | Street: |
| Home Phone: | | City: |
| Cell Phone: | | State: |
| Email: | | Zip Code: |
| Any Health Concerns, Allergies or Special Needs: | | |

*Date of birth verifies that participant meets age requirements (i.e., for "adult only" or classes for children of various ages).

| Class Title and Circle either Pottery or Art Class | Start Date | Tuition: |
|---|--------------------|----------|
| 1. Pottery or Art: | / / | \$ |
| 2. Pottery or Art: | / / | \$ |
| 3. Pottery or Art: | / / | \$ |
| Do you want to be an Annual Supporter and receive Supporter tuition rates? Student w/ID = \$25, O'Keeffe Level = \$50, Picasso Level = \$100, Rodin Level = \$250 | | \$ |
| | Grand Total | \$ |

Refund Policy: Cancellations must be received via email (create@artcentervb.org) or in writing at least 5 days prior to the class start date to receive a full refund, minus a \$15 processing fee. Within 5 days of class start date, no refund will be provided unless there are extenuating circumstances, a refund may be approved by managers. Approved refunds will be assessed a \$15 processing fee. No refund requests accepted after class start date. For full policy <https://www.artcentervb.org/classpolicies>

Paper registration is processed with cash or a check payable to VB Art Center. All credit card payments require online registration.
 ___ Check # _____ Cash Paid (in person)

A photo release form and liability waiver are required and must be signed by a responsible adult before the first class begins.

| | |
|--|---------------|
| I understand the terms stated above and verify that the information provided is correct. | Printed Name: |
| Signature: | Date: |

Optional: To help us serve all segments of the community and with reporting on our grants:

Race: White ___ Black/African American ___ Hispanic/Spanish Origin ___ Asian/Pacific ___ Other ___ Gender: M ___ F ___ Other ___



Participant Name (print): _____ Circle one: Student / Instructor / Volunteer

Parent/Legal Guardian Name (print): _____

(If Participant is a minor)

I understand that participation in the Pottery Studio involves using materials and equipment with potential risk for injury, including, but not limited to:

- Kilns that are hot and have potential to burn
- Wheels, pug mills and other machines with moving parts that can injure
- Heavy items that must be moved using proper lifting techniques
- Glazing chemicals that are hazardous and must be handled properly
- Clay dust that, when inhaled, can cause lung damage

Safety Highlights: (Full Safety Information and Policies available in the *Pottery Studio Handbook*)

1. I will always follow instructions by leadership.
2. I will not do any tasks for which I am not trained. I will not load/unload kilns unless approved by Manager.
3. I will keep my hair tied back and will not wear clothing or jewelry that hangs off the body.
4. I will not wear open-toed, open-heeled, or high-heeled footwear in the Pottery studio.
5. I will not use any equipment without an Instructor, Studio-Monitor, or Manager present.
6. It is my responsibility to pick-up finished work within 2-weeks after the close of a session unless otherwise arranged.

____ (Initial) **Pottery Handbook:** The pottery handbook is available in the studio and on the VB Art Center website and outlines specific policies and procedures for safe use of the pottery studio. I verify that I have read, understand and agree to abide by the policies and procedures outlined in the handbook. I have asked for and received clarification on any parts of the handbook that are not clear to me. I understand that a pottery studio contains equipment and chemicals that are dangerous and I agree to only use materials and machinery for which I am approved and competent.

Waiver and Photo Release for both Art and Pottery Classes:

____ (Initial) **Waiver:** In connection with my involvement in Art Classes or Pottery and Clay Studio activities at *VB Art Center*, I hereby release VB Art Center, its agents, representatives, successors, or assignees, including *VB Art Center* management, employees and volunteers, from all liabilities, actions, claims, damages, demands, costs, and expenses which I now or in the future have against them, arising out of or in any way connected with my participation at the *VB Art Center*, including en route to or from the program or its related events. I understand that this waiver includes, but is not limited to, all injuries to me and or loss of any personal property.

____ (Initial) **Photo Release:** I hereby grant the *VB Art Center* permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration. I authorize the *VB Art Center* to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo. I UNDERSTAND THAT IF I DO NOT WANT MY/MY CHILD’S PHOTO TAKEN, I WILL NOTIFY THE INSTRUCTOR/FACILITATOR AND NOTE MY WISHES ON THE SIGN-IN SHEET.

Printed Name: _____ SIGNATURE: _____ Date: _____