



## ADULT 2013 REGISTRATION FORM

### STUDENT

Student's Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Date \_\_\_\_\_ Email \_\_\_\_\_  
Class \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

### EMERGENCY INFORMATION

PERSONS TO BE CONTACTED IN CASE OF ILLNESS, ACCIDENT OR EMERGENCY.

Name \_\_\_\_\_ Relation to Student \_\_\_\_\_  
Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relation to Student \_\_\_\_\_  
Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### POLICIES AND PROCEDURES

#### NO REFUNDS

I hereby agree to inform Palencia Fine Arts Academy of any changes in my attendance in writing. I understand that the tuition is **non-refundable**.

# LIABILITY AND MEDICAL RELEASE

I understand that Palencia Fine Arts Academy assumes no responsibility for injuries or illnesses that I may sustain as a result of my physical condition or resulting from my participation in any activity, program, the use of any equipment, or any other activities/ material of any kind whatsoever. I expressly acknowledge that I assume the risk for any and all injuries and illnesses that may result from my participation in Academy activities. In consideration of the privilege of participating in Palencia Fine Arts Academy activities or programs, I hereby voluntarily release and discharge Palencia Fine Arts Academy, its agents, officers, supervisors, staff, and employees from any and all claims for injury, illness, death, loss or damage of any kind whatsoever that I may suffer as a result of my participation in these activities.

While Palencia Fine Arts Academy will make every attempt to provide reasonable accommodations for mentally and physically challenged individuals, Palencia Fine Arts Academy will not accept individuals that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for others to enjoy Palencia Fine Arts Academy programs. Any of the above reasons will be grounds for dismissal from Palencia Fine Arts Academy programs. We strongly recommend that you discuss with Palencia Fine Arts Academy staff any special conditions or circumstances. We request that you do this PRIOR to registration so that we can advise you as to whether we can make reasonable accommodation for you.

I understand that Palencia Fine Arts Academy is NOT responsible for personal property lost or stolen while students and/or program participants are using Palencia Fine Arts Academy facilities or on Palencia Fine Arts Academy premises.

I understand that no accident or medical insurance is provided with this activity.

**PLEASE NOTE IN AN EVENT OF AN EMERGENCY/ ACCIDENT OR ILLNESS PLEASE GIVE PALENCIA FINE ARTS PERMISSION TO CALL 911 AND ENLIST THE SERVICE OF PARAMEDICS.**

## MEDIA RELEASE

I give my permission to Palencia Fine Arts Academy to use, without limitation or obligation, photographs, website promotion, film footage or tape recordings that may include my image or voice for purposes of promoting or interpreting Palencia Fine Arts Academy programs.

I **DO** accept to be photographed for gallery and community publications.

I **do NOT** accept to be photographed for gallery and community publications.

**By filling out this form you're agreeing to all gallery procedures, policies, liability and medical release.**

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Signature

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Date