

**KELOWNA ART GALLERY
ART CLASS REGISTRATION - ADULT**

DATE: _____

CLASS: _____

NAME OF STUDENT: _____

ADDRESS: _____ **POSTAL CODE** _____

PHONE: _____ **(H)** _____ **(W)** _____

EMAIL _____

DO YOU HAVE ANY MEDICAL CONDITIONS WE NEED TO BE AWARE OF (YES) (NO) _____

IF YOU ANSWERED YES, PLEASE FILL OUT THE EMERGENCY MEDICAL FORM _____

WOULD YOU LIKE TO BE ON OUR EMAIL LIST? _____

WE OFTEN TAKE PHOTOS OF CLASSES FOR PROMOTIONAL PURPOSES. MAY WE USE PHOTOS TAKEN OF YOU FOR PROMOTIONAL MATERIALS? YES NO _____

WHERE DID YOU HEAR ABOUT THE CLASS? _____

Students who cancel their registration, transfer classes or request a credit, must do so no later than seven days prior to the first class. A \$15 cancellation fee will apply. After this time, no refunds are available unless for medical reasons. Requests for medical purposes must be made in writing with a doctor's note. There will be a \$15 service charge on all N.S.F cheques.

SIGNATURE: _____

MEMBERSHIP: _____

CREDIT CARD# _____

PAYMENT: _____

GST: _____

EXP. DATE: _____ **NAME ON CARD** _____

TOTAL: _____

CASH/CHEQUE/VISA/MASTERCARD

I hereby release the Kelowna Art Gallery Association, its Directors, Officers and Employees, Volunteers and the City of Kelowna and its officers and employees from all actions, claims and demands for damages, loss or injury arising from any accidents which may be caused by, or arise out of the participation of the student named in any program or in any facility or at any location where a program is being held, whether or not caused by the negligence of or any of the aforesaid persons.