



DAN HARELICK STUDIO ART

CAMPER REGISTRATION

MORNING 9:30-11:30 AFTERNOON 1:00-3:00

NAME

FIRST _____ LAST _____ NICKNAME _____

BIRTHDAY _____ GENDER _____

TELEPHONE _____ EMAIL _____ SCHOOL _____

PARENT/S NAME/S AND CONTACT INFO

PARENT NAME _____ TELEPHONE _____ EMAIL _____

PARENT NAME _____ TELEPHONE _____ EMAIL _____

ADDRESS

STREET _____ APT _____

CITY _____ STATE _____ ZIP _____

ALLERGY INFO

FOOD ALLERGIES _____

ENVIRONMENTAL ALLERGIES _____

ADDITIONAL INFO

PAYMENT INFO

A \$125 NON-REFUNDABLE DEPOSIT IS REQUIRED TO RESERVE YOUR SPOT. A STUDIO CREDIT IS OFFERED TOWARD FUTURE STUDIO SESSIONS FOR ANY CANCELLATIONS MADE AT LEAST 2 WEEKS PRIOR TO THE FIRST DAY IN STUDIO. THE BALANCE IS DUE THE FIRST DAY OF CAMP.

CHARGE MY CARD CHECK INCLUDED

NAME ON CREDIT CARD _____ CARD NUMBER _____ EXP DATE _____ SEC CODE _____ BILLING ZIP CODE _____



DAN HARELICK STUDIO ART

CAMPER RISK WAIVER AND RELEASE

Safety in the Pottery Studio Pottery is not a dangerous occupation, but it does have both risks and dangers associated with it. These dangers and risks include but are not limited to electric shock, hot parts that can burn, fumes and gases that can be hazardous, flying dust can injure eyes, muscle injuries, or other traumatic injury due to inherent dangers of working in studio...We use razor blades and rolling pins!

1. Always follow the instructions of your teacher.
2. Students will not attempt to load, unload or operate the kilns.
3. Do not wear loose articles of clothing or jewelry.
4. Do not wear open toed or open heeled footwear.
5. Keep hair tied back.
6. Do not use any equipment without an instructor present prior to approval being given.
7. Do not handle any artwork that is not yours.

I, _____, hereby fully waive and release Dan Harelick Studio Art /Daniel Harelick Designs from any and all claims for personal injury, property damage, or death that may result from _____ my child's participation in the studio activities and outside physical activities (like our trampoline) that may take place at Dan Harelick Studio Art Summer Clay Camp.

I hereby voluntarily, at my own risk, sign this Waiver and Assumption of Risk in sole consideration of being permitted to use the Dan Harelick Studio Art facilities or property. I hereby acknowledge and understand that there are dangers and risks associated with the activities noted above, which have been fully explained to me. My child agrees to abide by all rules, instructions, policies and procedures imposed by the Releasee relating to the use of the facilities or property.

By signing this Waiver and Assumption of Risk, I fully assume the dangers and risks. I further agree to indemnify and hold harmless Dan Harelick Studio Art, its employees, agents, officers, from and against any and all liability incurred as a result of or in any manner related to my child's participation in the activities. I hereby certify that I am of legal age and competent to execute this Waiver and Assumption of Risk, that in doing so of my own free will and accord, voluntarily and without duress, and that I do so intending to bind myself, my executor, my heirs, and administrators or assigns to the fullest extent. I have read and understood the foregoing, and acknowledge my consent to the terms of this Waiver & Assumption of Risk by signing this Waiver.

Signature	Date
Print Name	
Address	
Email	Telephone

Permission for Use of Artwork

Occasionally Dan Harelick Studio Art uses photographs of students and their artwork in promotional materials. Most of the work used is created by students and instructors in camps and classes. By signing you give permission to reproduce your/ your child's artwork and photographs for promotional purposes.

Signature	Date
Print Name	



DAN HARELICK STUDIO ART

ASSUMPTION OF THE RISK WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Dan Harelick Studio Art ("the Studio") has put in place preventative measures to reduce the spread of COVID-19; however, the Studio cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Studio could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Studio and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Studio may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Studio employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Studio or participation in Studio programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Studio, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Studio, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Studio program.

Signature _____ Date _____

Print Name _____

Address _____

Email _____ Telephone _____