



Woodlands Art League

P.O. Box 7234

The Woodlands, TX 77387

Phone: (281) 419-1980

www.woodlandsartleague.org

Class Registration Form

Dept. 6

Title of Workshop _____

Instructor _____

Dates of Workshop _____

Fee \$ _____

Student Name _____

Address _____

Phone _____ Cell Phone _____

Email Address _____

Are you currently a Woodlands Art League member? _____

Please mail completed form and fee to:

Woodlands Art League

P. O. Box 7234

The Woodlands, TX 77387

For more information, visit www.woodlandsartleague.org or call 281-419-1980.

I, _____, hereby waive the **Woodlands Art League**, its officers and employees from any liability of injury, loss or damage to personal property associated with activities participated in this event. I acknowledge that I understand the waiver described in this document. Waiver is made to the maximum extent permissible under applicable law. I acknowledge that I have signed this document under my own free will.

Name (*Print Name*): _____ Date: _____

Signature: _____

PARENTS OR GUARDIANS ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by WAL to participate in its activities and facilities, I further agree to indemnify and hold harmless Woodlands Art League and its board members from any and all claims which are brought by, on behalf of Minor, and which are in any way connected with such use of participation by Minor.

Parent or Guardian (*Print Name*): _____ Date: _____

Signature: _____

6-2013

REFUND POLICY: The Woodlands Art League will refund the full price of any class, provided the refund is requested no later than 30 days prior to the beginning of the class.