



# Woodlands Art League

P.O. Box 7234

The Woodlands, TX 77387

Phone: (281) 419-1980

www.woodlandsartleague.org

## Workshop Participant Registration Form

Dept. 7

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](http://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: \_\_\_\_\_