



**A Work of Heart Studio
2196 Lincoln Avenue, San Jose 95125
Summer Art Camp Registration**

Class Title: _____

Materials Fee Amount Due: _____

Student's Name: _____ Age _____

School: _____ Grade in 2011/2012 _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Cell#: _____

E-mail: _____

Parent/Guardian Names: _____

Emergency Contact: _____

Emergency Phone#: _____

Allergies/Medical Problems/Concerns?

REQUIRED FOR REGISTRATION: Please Read Below and Sign

In consideration for the acceptance of my registration for participation in A Work of Heart Studio classes, I hereby waive, release and discharge Andrea Chebeleu and any member of her staff or families from and against any liability for any loss, personal injury, including death and property damage that may have arisen out of or in any way connected with my (my child's) participation in the aforementioned activity. Furthermore I assume all responsibility and agree to indemnify Andrea Chebeleu and Creative Consulting Inc., (DBA: A Work of Heart) and staff for any loss, damage or injury to myself (my child) which may have been caused by negligence, or any act, of any person connected in any way with the aforementioned event. I have read the above and understand its meaning and voluntarily sign it.

Signature of Parent/Guardian

Date

PLEASE DO NOT take pictures of my child for inclusion in future marketing materials _____(initial)



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