

## Art A.M. REGISTRATION FORM

### PERSONAL INFORMATION

(Complete one form per child)

CHILD'S FIRST NAME	CHILD'S LAST NAME	DATE OF BIRTH	AGE
PARENT'S FIRST NAME	PARENT'S LAST NAME	EMAIL ADDRESS (REQUIRED)	
ADDRESS	CITY	PROVINCE	POSTAL CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	MOBILE PHONE NUMBER	
HOW DID YOU HEAR ABOUT ART A.M.?	<input type="checkbox"/> AGG ENEWSLETTER	<input type="checkbox"/> SOCIAL MEDIA	
	<input type="checkbox"/> REFERRAL	<input type="checkbox"/> NEWSPAPER AD	
	<input type="checkbox"/> OTHER		

### PARENTAL CONSENT

I GIVE PERMISSION FOR \_\_\_\_\_ TO PARTICIPATE IN ART A.M. AND I ASSUME THE RISKS THAT MAY ACCOMPANY SUCH PARTICIPATION.

I, AS THE LEGAL GUARDIAN OR CUSTODIAL PARENT HEREBY ACKNOWLEDGE THAT I RETAIN FULL SUPERVISORY RESPONSIBILITY FOR ANY AND ALL ACTIVITIES THAT HAPPEN AS A PART OF ART GALLERY OF GUELPH'S ART A.M. ONLINE PROGRAMS. I CERTIFY THAT MY CHILD HAS NOT BEEN ADVISED AGAINST UNDERTAKING ONLINE ACTIVITIES BY A QUALIFIED HEALTH PROFESSIONAL. I ACCEPT AND FULLY ASSUME ALL RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF INJURY, DEATH, PROPERTY DAMAGE OR LOSS, RESULTING FROM PARTICIPATION IN THE ACTIVITIES.

FOR ALL TWO-WAY CLASSES, LIKE A ZOOM CLASS, I WILL ENSURE THAT MY CHILD IS APPROPRIATELY DRESSED AND THAT THE COMPUTER AND CAMERA THAT THEY ARE USING DOES NOT SHOW INAPPROPRIATE THINGS IN OUR HOME. IF POSSIBLE, WE WILL HAVE THEIR BACK AGAINST (OR CAMERA FACING) A BLANK OR NON-DESCRIPT WALL, A WALL WITH THEIR DRAWINGS, USE A NATURE ZOOM BACKGROUND, OR BLUR THE BACKGROUND. IF STAFF NOTICE SOMETHING ON YOUR CHILD'S VIDEO THAT STAFF DETERMINES IS NOT APPROPRIATE, THEY WILL TURN OFF YOUR CHILD'S VIDEO UNTIL THE ISSUE IS RESOLVED.

IN CONSIDERATION OF APPROVAL TO PARTICIPATE IN ART A.M. ACTIVITIES, I, FOR MYSELF, MY HEIRS, BENEFICIARIES, EXECUTORS, ADMINISTRATORS AND ASSIGNS AGREE TO HEREBY RELEASE AND FOREVER DISCHARGE THE ART GALLERY OF GUELPH, ITS OFFICERS, DIRECTORS, SERVANTS, EMPLOYEES AND AGENTS FROM ANY AND ALL ACTIONS, CLAIMS AND DEMANDS FOR DAMAGES, LOSS AND INJURY, HOWSOEVER ARISING WHICH NOW OR MAY HEREAFTER BE SUSTAINED BY ME IN CONSEQUENCE OF MY PARTICIPATION IN ART A.M. ACTIVITIES.

I FURTHER AGREE NOT TO MAKE ANY CLAIMS (INCLUDING ANY CROSS-CLAIM, COUNTER-CLAIM, THIRD PARTY, ACTION OR APPLICATION) AGAINST ANY PERSON OR CORPORATION WHO MIGHT CLAIM CONTRIBUTION OR INDEMNITY AGAINST THE ART GALLERY OF GUELPH. I AGREE AND ACKNOWLEDGE THAT IF ANY PROVISION OF THIS RELEASE AND INDEMNIFICATION IS DEEMED VOID, INVALID OR UNENFORCEABLE BY A COURT OF COMPETENT JURISDICTION, THE REMAINING PROVISIONS SHALL REMAIN IN FULL FORCE AND EFFECT.

I DECLARE THAT I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AND INDEMNIFICATION AND I HEREBY AGREE TO BE BOUND BY THE TERMS AND CONDITIONS. I AM AWARE THAT BY SIGNING THIS AGREEMENT, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE UNIVERSITY OF GUELPH, ITS OFFICERS, DIRECTORS, SERVANTS, EMPLOYEES AND AGENTS.

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**NAME**

### **IMAGE CONSENT**

I GIVE PERMISSION FOR IMAGES OF MY CHILD AND HIS/HER ARTWORK TO APPEAR IN PROMOTIONAL MATERIALS SUPPORTING ART GALLERY OF GUELPH AND ITS ACTIVITIES.  YES  NO

### **INFORMATION CONSENT**

YES, I WANT TO RECEIVE EMAILS FROM THE AGG ABOUT UPCOMING EXHIBITIONS, PROGRAMS, EVENTS AND SALES IN THE GALLERY SHOP (YOU CAN UNSUBSCRIBE FROM THESE EMAILS AT ANY TIME)

NO, NOT AT THIS TIME

### **SESSION SELECTION**

**SELECT ALL THAT APPLY:**

- #1: October 17 (Moveable Cityscape)
- #2: October 31 (Monster Head)
- #3: November 14 (Scarecrow Buddy)
- #4: November 28 (Pop-Out Paper House)
- #5: December 12 (Frozen Foil Embossing)

SESSION FEE: \$25 PER SESSION (Includes art materials)

TOTAL PAYMENT \$ \_\_\_\_\_

**PAYMENT**

CHEQUE (PAYABLE TO ART GALLERY OF GUELPH. ATTACH CHEQUE TO REGISTRATION FORM)

VISA

MASTERCARD

CASH (DROP OFF)

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CREDIT CARD NUMBER

EXPIRY DATE

CVV

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NAME ON CARD (PLEASE PRINT)

SIGNATURE