



902 Rockefeller Drive, Apt # 6B, Sunnyvale, CA 94087. Phone: (203) 278 3278.

REGISTRATION FORM

Student's Name: _____

Parent (Guardian) Name: _____

Age: _____ Date of Birth: _____

Address: _____

Phone #: _____ Cell #: _____

Email Address: _____

Emergency Contact Name & Phone: _____

How did you learn about this studio? _____

Fees:

- Registration fees: \$15
- Full month fees are due at the beginning of each month.
- For group of 5 students per class, tuition fee is \$60 per month.
- Payment method: Cash / Check (payable to **Jasmine Art Studio**).
- Students will be given a list of supplies on day of trial class, which they would need to purchase.

Studio Policy:

- If the teacher cancels the class, a class will be rescheduled another time during the same month.

Print Name: _____ Signature: _____

Class Starting Date: _____ Today's Date: _____



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Liability Waiver and Release of All Claims

Please read this form carefully and be aware in registering yourself, your child, or ward for participation in this program, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

As a participant in the program or the parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any or all activities connected with or associated with such program.

I agree to waive and relinquish all claims my minor child/ward or I may have as a result of participating in the program against the Jasmine Art Studio and its officers, agents, servants, and employees.

I do hereby fully release and discharge the Jasmine Art Studio and its officers, agents, servants, and employees from injuries, including death, damage, or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of my participation in the program.

I further agree to indemnify, hold harmless and defend the Jasmine Art Studio and its officers, agents, servants, and employees from any and all claims associated with the activities of the program.

In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

I hereby consent to the use of my photograph in Jasmine Art Studio brochures, publications, slide presentations, etc.

I have read and fully understand the above Waiver and Release of All Claims.

Signature of Participant or Parent/Guardian

Date