



341 S. Broadway, Estacada, Oregon 97023
(503) 630-7273

ART CLASSES - APPLICATION FORM

Print and drop off at gallery or mail to: The Spiral Gallery, PO Box 1394, Estacada 97023.

Name: _____ Age: _____

Phone: _____ Alternate Phone: _____

Email: _____

Address: _____

City / State / Zip: _____

Note: Space is reserved with full payment of fees. See Art Classes page for exact prices.

Class 1: _____ Day/Time: _____

Fee: _____

Class 2: _____ Day/Time: _____

Fee: _____

Class 3: _____ Day/Time: _____

Fee: _____

TOTAL PAYMENT DUE: _____

_____ Cash _____ Check (make payable to "The Spiral Gallery")

_____ Check

_____ Bill my credit card _____ Visa _____ Mastercard _____ Discover _____ Amer Express

Card No. _____ Exp. Date: _____

Signature of Registrant

Date

Class Refund Policy: Please note that there will be no refund of registration monies after the student has attended the second class.

FOR OFFICE USE ONLY

Yes

No

Date

Received by

Copy to Applicant

Copy to Artist

RELEASE AND WAIVER OF LIABILITY AGREEMENT

The Spiral Gallery Co-Op

I, _____, (“Participant”), acknowledge that I have voluntarily applied to participate in the ART CLASS (“The Spiral Gallery Co-Op Art Class”):

(Description of activities, which Participant will engage in)

I AM AWARE THAT THE CLASSES I AM VOLUNTARILY PARTICIPATING IN MAY INVOLVE USING POSSIBLY DANGEROUS MATERIALS (i.e., scissors, glues, knives). WITH KNOWLEDGE OF THE POSSIBLE DANGERS INVOLVED, I AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: _____
Parent or Guardian’s initials (if under 18): _____

I forever release The Spiral Art Gallery Co-op and its members, their respective directors, volunteers, agents, contractors, and representatives (collectively “Releasees”) from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (1) my participation in these activities, (2) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (3) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE SPIRAL GALLERY CO-OP, AND SIGN IT OF MY OWN FREE WILL.

PARTICIPANT/RELEASOR

PARENT OR GUARDIAN

Signature

Signature

IF YOU ARE UNDER 18 YEARS OF AGE, YOUR PARENT OR GUARDIAN MUST SIGN AND/OR INITIAL THIS FORM WHERE APPROPRIATE.