Lawrence Arts Center Class Registration

Student Name _____ **Age** _____ **Birthdate** _____ /_____ /_____

Parent Name(s) if student is child _____

Address _____ **City** _____ **Zip** _____

Work Phone _____ **Home Phone** _____ **Cell Phone** _____

Email Address _____

Emergency Contact Name and Number _____

How did you hear about the Arts Center? **Journal World Supplement** **Direct Mailing** **Website**

Other (please specify) _____

CLASS CODE	CLASS NAME, day, and time	# Dance Hours or FEE
	TOTAL FEES:	$
	TOTAL DANCE HOURS:	
☐ ←Please check here if requesting a payment plan.	**TOTAL DANCE FEES:**	$
	I/We would like to make a donation in the amount of FOR: Art Education ____ Drama ____ Dance ____ Preschool ____	$
	TOTAL DUE AT ENROLLMENT: **PAYMENT IS DUE IN FULL AT TIME OF ENROLLMENT**	$

WAIVER OF LIABILITY, MEDICAL RELEASE, & INDEMNIFICATION AGREEMENTIn consideration for myself and my minor children being permitted by the Lawrence Arts Center to participate in activities described in the Schedule for Fall, Winter, Spring, or Summer, I hereby waive, release, and discharge any and all claims and damages for personal injury, death, or property damage which I or my minor children may sustain or which may occur as a result of my or my minor children's participation in these activities. I understand and agree that: 1. This release is intended to discharge in advance the employees and agents from and against any and all liability, except for their sole negligence or intentional acts, connected in any way with the participation of myself or my minor children in activities; 2. The described activity may be of a hazardous, strenuous, and/or physical nature; 3. Participation in the described activity may occasionally result in injury or property damage; 4. Knowing the risk involved, nevertheless I voluntarily request permission for myself or minor child to participate in the described activity; 5. I hereby assume any and all risks of injury, death, or property damage, and to release and hold harmless the Lawrence Arts Center, its officers, employees and agents, except for their sole negligence or intentional acts; 6. This waiver, release and assumption of risk is to be binding on the heirs and assigns; 7. I will indemnify and hold the Lawrence Arts Center harmless from any loss, liability, damage, cost or expense, including litigation, which they may incur as a result of any injury and/or property damage which myself or my minor children may sustain while participating in said activities; 8. I will make good any loss or damage or cost the Lawrence Arts Center may have to pay if any litigation arises on account of any claim made by said minors or by anyone on said minor's behalf; 9, In the event that said minor requires medical or surgical treatment while under the supervision of said Lawrence Arts Center personnel in connection with the described activity, such supervisor may authorize treatment; 10. I will pay all medical, hospital, or other expenses which I or my minor children may incur as a result of such treatment; 11. Activities are not child care as defined by the State of Kansas. I certify that I have custody or am the legal guardian of said minors by court order, and that I and my minor children are physically able to participate in the described activities. I have carefully read this Waiver of Liability, Medical Release, and Indemnification Agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Lawrence Arts Center, and that I sign it of my own free will.

No refunds or credits will be given unless requested at least one week prior to start of class. No full refunds will be given.

A $10 processing fee per class will be charge for all withdrawals. Full refunds/credits will be given ONLY if the class is cancelled or rescheduled by the Lawrence Arts Center. Visa and Mastercard accepted with at $20 minimum payment. Please make checks payable to the Lawrence Arts Center.

X _____

SIGNATURE REQUIRED: registration will not be processed without a signature DATE

☐ CHECK ENCLOSED

☐ VISA OR MASTERCARD ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ Exp. Date ___ ___ - ___ ___

Name on Card _____ Signature _____

MAIL TO: Lawrence Arts Center FAX TO: (785) 843-6629
940 New Hampshire
Lawrence, KS 66044