

CHOPLET Ceramic Studio and Gallery

Registration Form

238 Grand Street, Brooklyn, NY 11211

Ph/Fax: 917.547.8316 / 718.302.6036

info@choplet.com

Student's name _____ **Gender** _____ **DOB** _____

Child's School _____ **Grade Level** _____

Medical conditions and Allergies _____

Parent/Guardian name _____

Address _____

E-mail _____

Phones: Cell _____ **Work** _____ **Home** _____

Parent/Guardian name #2 _____

Address _____

E-mail _____

Phones: Cell _____ **Work** _____ **Home** _____

Emergency Contact name _____ **Phone** _____

Physician _____ **Phone** _____

Summer Session # _____ **Date** _____

I, _____, the parent and or guardian of _____ minor, knowing the risks involved in ceramics, including wheel throwing, hand building with tools, voluntarily sign this waiver and assumption of risk in favor of Choplet Design sur Grand (the Company) for the opportunity to have my child pursue the creation of ceramic art and/or to receive instruction from the Company's employees and/or contractors.

I waive and release the Company, its employees and its contractors from any claim for personal injury, property damage that may arise from my use of the facilities or from my child's participation in the activities or instruction. I understand that there are certain risks and dangers associated with the activity and use of the facilities and that these risks have been fully explained to me. I fully understand the dangers involved. I fully assume the risks involved as acceptable to me and my child has the ability to exercise judgment in undertaking these activities and follow all safety instructions.

I authorize Choplet Studio to photograph or film myself and/or my child without compensation, as well as the ceramic work produced, for the use in the studio's promotional efforts.

I have read and accept the policies of Choplet studio. I further understand and accept that never, under any circumstances, would my class tuition and deposit be returned; that no refunds will be given once the term begins (except for the 19 week session if paid in full, which allows for partial refund) and that my fee may not be transferred to another session.

Parent/ Guardian Signature

Date