

•ART AMORE REGISTRATION•

**PERSONAL/CONTACT**

ARTIST's Name (Last, First) :• \_\_\_\_\_ DOB: \_\_\_\_\_  
• \_\_\_\_\_ DOB: \_\_\_\_\_  
• \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name (Last, First): \_\_\_\_\_ Cell#: \_\_\_\_\_ Home#: \_\_\_\_\_  
Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Allergies? \_\_\_\_\_  
Doctor: \_\_\_\_\_ #: \_\_\_\_\_ Emergency Contact : \_\_\_\_\_ #: \_\_\_\_\_

How did you hear about ART AMORE? (please circle one)

REFERRAL      AD      FLYER      DRIVE BY      ONLINE      RETURNING

**ENROLLMENT**

ARTIST : class(es)/workshop:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT**

Tuition: \_\_\_\_\_ Reoccurring/Onetime: \_\_\_\_\_ Reg. Fee: \_\_\_\_\_ Method: \_\_\_\_\_ 1st Payment Total: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Type: Visa/Mastercard Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ ccv: \_\_\_\_\_

I understand and agree that the origination of any charges to my account must comply with the provisions of u.s. law. I acknowledge that a one time or monthly debit/credit charge will be made to my account on or after the 1st of each month during the current season or for the agreed length of time or until written notice is submitted by the 15th to effect the following month. Art Amore Studios shall notify me if of any changes to amount or date of payment before processed. If the above account information changes the card owner must submit changes in a timely manner.

All tuition and fees are non-refundable and non-transferable. If there is any issue processing any fees or if you're paying by alternate means and it takes longer than 3 days to resolve a \$10 late fee will be added. If situation is still not resolved by the 15th of that month Art Amore reserves the right to drop the student.

I have read, agreed to and will abide by the Art Amore policies and waiver.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RELEASE FROM LIABILITY, WAIVER OF CLAIMS & ASSUMPTION OF RISK

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By signing this release, I agree that Art Amore Studios shall not be responsible for any injury suffered by student/s registered or bring to participate in classes. This release extends Art Amore Studios, its owners, agents and staff. This release extends to every claim, demand or liability of any kind based on any injury or damage described below. I understand that art education at Art Amore will involve various chemicals, products and other activities that have inherent risks. I recognize that the student/s is exposing themselves to such risk when undertaking said activities. The student/s participation in this activity is purely voluntary and elect to join in said activities in spite of the risks.

I also agree that Art Amore, its owners, agents and staff, are not responsible for any property loss or damage that incurs by or to the student/s, guests or families at the studio or any studio related function. I understand I am responsible for any cost resulting myself. I understand the terms of this release.

I confirm that I have read this release in full, that I understand the terms and intent of the release and that I agree with the terms and intent. I further confirm that by signing below I acknowledge that if my student/s or guest/s are hurt during participation in any of said activities I may found by the court of law to have waived my right and any right of the student to maintain a lawsuit against Art Amore, its owners, agents and staff, on the basis of any claim which is released hereby. In consideration of the student/s or guest/s being permitted to participate in said activities, I further agree to hold harmless and indemnify the school from any and all claims which are brought by or on behalf of any student/s or guest/s who are a minor and which are in any way connected with the said activities performed by such a minor.

Parents name: \_\_\_\_\_

Student name/s: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

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