

## BIG ARTS 2021-2022 EDUCATION REGISTRATION FORM

To expedite registration and to assure yourself a space, we encourage you to register now for the activities of your choice.

I am a BIG ARTS Annual Donor: (    ) YES (    ) NO

|                                      |  |
|--------------------------------------|--|
| Name                                 |  |
| Address                              | City, State, Zip                                 |
| Email                                |  |
| Phone (where you can be reached now) | Phone (where you can be reached during workshop) |

| Title | Instructor Name | Date/Time | Fee |
|-------|-----------------|-----------|-----|
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|---|---------------|--|--|
| Mail this completed form with payment to BIG ARTS, 900 Dunlop Road, Sanibel, FL 33957<br>Method of Payment Enclosed:<br>Cash, Check (Payable to BIG ARTS), Credit Card (MC, VISA, AMEX, DISC) |               | Course(s) Fee Total                          |  |
| Card #:   |               | Donation<br>(please indicate renewal or new) |  |
| Exp. Date:  | Security Code | Add \$5 handling fee                         |  |
| Signature:  |               | <b>TOTAL PAID</b>                            |  |

**Class/Workshop Cancellation/Transfer/Refund Policy:** If a student cancels/withdraws from a class and notifies BIG ARTS at least one week prior to the first day of the class, 100% of the tuition paid may be transferred to another workshop or to a BIG ARTS gift card. If a cash refund is requested, 80% of the tuition paid will be refunded to the student. No transfers/refunds will be offered for cancellation within one week before start of class/workshop. Returned checks are subject to a \$35.00 per transaction fee.

### Disclaimer

In consideration of receiving permission from BIG ARTS to use any of its equipment, facilities or engage in any instruction or observation (“Activity”) whether such Activity is organized by BIG ARTS or not, the undersigned User, for myself, my personal representatives, heirs and assigns, acknowledge that I understand the nature of the Activity engaged in and that I am qualified in good health, and in proper physical condition to participate in the Activity. I fully understand that the Activity may involve risks and dangers of bodily injury, whether caused by my own actions, the actions of others, the conditions in which the Activity takes place, or the negligence, action or inaction of the Releasees named below. I further understand that in the event of injury, all costs incurred therein must be paid by my personal insurance company or me, provided, however, that the foregoing shall not be construed as a waiver on my part of any rights to seek damages from any Releasee.

With this knowledge, I hereby release, discharge and hold harmless BIG ARTS, its directors, officers, employees, agents, volunteers, other participants and all others (the Releasees) from any and all claims or causes of action, both known and unknown, arising out of any negligent omission, action or inaction on my part, including negligent rescue operations; and I further agree to indemnify and hold harmless each of the Releasees from any loss, liability, damages, costs, or expenses which such Releasee may incur as the result of such claim resulting from any such negligent omission, action or inaction on my part .

By signing below, I indicate that I have read this agreement, fully understand its terms, and understand that I have given up substantial rights by signing it; that I have signed it freely; and that I intend it to be a complete and unconditional release of all liability to the extent described herein and allowed by law and agree that should any portion of this agreement be held invalid, the balance shall continue to be in full force and effect.

If the Participant is a minor, this agreement has been signed by the Parent or Legal Guardian, who represents that they have the ability to give this waiver on behalf of the minor child, and that the child meets the physical requirements of the Activity.

|                        |         |       |              |
|------------------------|---------|-------|--------------|
| Signature              | Date    |       |              |
| Emergency Contact Name | Address | Phone | Relationship |