

# LUMBERYARD ARTS CENTER

718 High Street P O Box 523  
BALDWIN CITY, KS 66006

## CLASS REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Class Name \_\_\_\_\_

Class Date(s) \_\_\_\_\_

Class Fee \_\_\_\_\_

Name(s) of Class Participant(s) \_\_\_\_\_

# of Participants \_\_\_\_\_ x Class Fee \_\_\_\_\_ Total Due \_\_\_\_\_

Payment method -  Check-Make Payable to The Lumberyard Arts Center and mail to  
P. O. Box 523, Baldwin City, KS 66006

Credit Card - -Master Card -Visa -Discover -American Express

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on the Card \_\_\_\_\_

Agreement: Full payment is due prior to the start of the class. Requests for refunds up to 7 days prior to the start of class will be refunded at 80% of the total fee. No refunds will be given within 7 days of the class date. Full refunds will only be given in the event a class is canceled by the Lumberyard Arts Center. Inclement weather-classes canceled due to weather will be rescheduled.

Release of Liability: In consideration for myself and my minor children being permitted by the Lumberyard Arts Center to participate in activities described in the schedule, 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 Lumberyard 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 Lumberyard 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 Lumberyard 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 Lumberyard 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 Agree.