

2014 REGISTRATION FORM
ART FOR WELL BEINGS
WWW.ARTFORWELLBEINGS.ORG
2460 Park Blvd # 3 Palo Alto, CA 94306
phone (650) 776-8297 fax (650) 327-3179

Today's Date _____ Artist Name: _____ Session _____
Guardian Name: _____ Guardian Phone _____
Address: _____ City: _____ ST: ___ Zip: _____
Home Phone: _____ Cell phone: _____ Email: _____
Emergency contact: _____ Emergency phone: _____
Special Needs _____ Artist Birthdate: _____

Register via mail, fax or in person at Art For Well Beings - Director Judy Gittelsohn's email - me@judyg.com
PLEASE MAKE CHECKS PAYABLE TO ART FOR WELL BEINGS

ART FOR WELL BEINGS (AFWB)
Health and Safety Policies and Guidelines

- Ideally, AFWB is a drop off program and with approval of AFWB the supervising adult will be released. Supervising adults are welcome and encouraged to participate in activities.
- Reasonable behavior is a necessity and participation in AFWB programs is at the discretion of AFWB. AFWB adheres to mandatory reporting guidelines and will report incidents or behavior to the proper authorities.
- Any and all Paint by Puzzle™ paintings and collaborative artwork created at AFWB remains sole property of AFWB and use of such materials constitutes acceptance of this policy. Any and all publications of art created at Art For Well Beings must be preapproved and art creation must be credited to Art For Well Beings.
- I grant to AFWB the right to take photographs of me and my property while participating in programs at AFWB. I authorize AFWB to copyright, use and publish the same in print and/or electronically.

I have read and understand the above. Please sign to accept

Printed name _____ Signature _____

- Art For Well Beings is not responsible for any lost, damaged or stolen personal belongings.

RELEASE AND INDEMNITY AGREEMENT

All programs offered at Art For Well Beings facilities or other sites require the signature of each adult participant, or the parent or guardian of each minor participant. I hereby acknowledge that my participation in the programs offered at Art For Well Beings facilities, may bring me into contact with or involve my use of art materials. I hereby agree to waive and release, to the fullest extent permitted by law, any and all claims, losses, damages, or liability for personal injury, property damage, economic loss or wrongful death that I might otherwise have, whether caused by negligence or other acts, against Art For Well Beings, and its and their respective directors, officers, agents, employees, contractors, and volunteers (collectively, the "Released Parties") arising out of my participation in such programs at Art For Well Beings facilities. I hereby agree to indemnify, defend, and hold the Released Parties harmless against any claims losses, damages, or liability (including reasonable attorneys' fees) by persons or entities for personal injury, property damage, economic loss or wrongful death resulting in any way from my participation in such programs at Art For Well Beings facilities. I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND THAT IT IS AN AGREEMENT TO INDEMNIFY ART FOR WELL BEINGS AND THE OTHER RELEASED PARTIES AND IT IS A RELEASE OF LIABILITY AND A PROMISE NOT TO SUE OR MAKE A CLAIM.

_____|_____
Signature Date

Print Name