

Open Studio Project Class Registration Form

Please complete all sections. This information is entirely confidential between you and Open Studio Project.

Participant Information

Participant (or Parent) Name: _____ Gender: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Emergency Contact: _____ Emergency Phone: _____

How did you find out about Open Studio Project? _____

Select the class you are registering for:

- Connecting with the Creative Process Day: _____ Dates: _____ Fee: \$ _____
 OSP Intro Workshop Day: _____ Date: _____ Fee: \$ _____
 Art & Adventure Day: _____ Dates: _____ Fee: \$ _____

Child's Name: _____ Age: _____ Gender: _____

Are you interested in becoming an Open Studio Project Member?

Membership is \$25/year and you will receive a discount on class fees.

Yes, I am interested in an OSP Membership.

Would you like to donate \$1 or more for the **Lilith Fund Scholarship /Art & Action** program? Yes! Amount _____

Lilith Fund Scholarship:

Open Studio Project offers need-based scholarships to CCP participants through its Lilith Fund. OSP requests that you thoughtfully consider selecting the highest class fee that you can reasonable afford given your current financial situation. In doing so, you help to ensure scholarship funds are available to the greatest number of people.

The six-week Adult Workshop is \$180 (\$30/class) Which fee-option best matches your current financial resources?

- \$180 = \$30/class \$150 = \$25/class \$120 = \$20/class
 \$90 = \$15/class \$60 = \$10/class Other: I can pay \$ _____ for the 6 week session.

Total Payment: \$ _____

Thank you!

Payment Method:

- Cash
 Personal Check (to Open Studio Project)
 Credit/Debit Card

Select Payment Schedule:

- Pay in full now: **Amount \$ _____**
 Pay partial now: **Amount \$ _____** Balance to be paid ___/___/20__
 Pay in class (check or exact cash requested)

Providing the following information is optional and will be used for statistical purposes only.

To help us ensure that our programs reflect the diverse community we serve, please check the box(es) that most reflect(s) the race/ethnicity of the participant.

- African American Asian Caucasian Latino Native American Other: _____

As a non-profit organization, The Open Studio Project depends on government and other funding sources for support. In order to continue to provide our programs and services to the community it is important for us to collect the following information.

Your responses are voluntary, and will be kept confidential, and will not affect the programs and services available to you.

Please check the box (es) that apply to the participant or the participant's household.

Number of people

in your household:
 1 2 3 4 or more

Total household income:

\$0-\$20,000 \$40,001-\$70,000
 \$20,001-\$40,000 \$70,001 or more

Do you receive any of the following:

Unemployment SSI/SSA
 TANF SNAP
 Medicaid

Would you like to receive emails from OSP about upcoming events, classes, and gallery exhibits?

Yes! Email _____
(Open Studio Project does not share your contact information)

Media Release, Medical Release, and Waiver of Liability:

Media Release:

*On behalf of myself (and/or _____, a minor child for whom I exercise legal guardianship), I consent to the use of my/his/her recorded image and artwork for the purpose of publicizing programs of The Open Studio Project, and waive any compensation for such use.

Medical Release:

*On behalf of myself (and/or _____, a minor child for whom I exercise legal guardianship), I authorize Open Studio Project to secure the services of a physician or hospital and to incur the expenses for necessary services in the event of an accident or illness, and agree to provide for payment of these costs.

Emergency Contact _____ **Phone** () _____

Any physical or medical issues that may affect participation in class activities?

No Yes (please explain) _____

Any medications that may affect abilities?

No Yes (please explain) _____

Waiver of Liability:

*I understand that the work done at The Open Studio Project involves risk. In order to decrease the possibility of having an accident, I agree to use Open Studio Project's facilities only under the direction and supervision of Open Studio Project personnel.

*As a prerequisite to participation in activities at Open Studio Project, I hereby waive any and all claims and liability which I may have against Open Studio Project, their directors, officers, employees, agents, subcontractors, suppliers, or other customers for injuries, losses, or death, or any other personal or property damages. This release shall be binding upon my heirs, legatees, administrators, benefactors, and personal representatives. If any part of this agreement is held invalid, the balance thereof shall continue in full legal force and effect.

****I have read this document and understand that it is a full irrevocable release. I also understand all terms and agreements set forth herein. By signing this document I accept all of the above terms.***

Signature of participant or participant's parent or legal guardian:

X _____ Date: _____