Registration Form

Student's Name (Last, First): _____

Home Address: _____

Parent/Guardian Name (Last, First): _____

Phone: _____ Emergency Phone: _____

Workshop #	Workshop Title	Date/Start Date	Cost
		Total Fee:	

The undersigned participant or parent and/or legal guardian of under-aged participant, does hereby acknowledge that he/she is aware of the dangers and the risks to the participant's person and property involved using the facilities of the Idaho Art Lab. The undersigned recognizes the importance of and agrees to fully comply with the applicable laws, policies, rules and regulations, and any supervisor's instructions regarding participation in this activity. The undersigned understands that the Idaho Art Lab (IAL) does not insure participants in the above-described activity. **The undersigned voluntarily elects to participate in this activity with knowledge of the danger involved, and hereby agrees to accept and assume any and all risks of property damage, personal injury, or death.** Consent is given for the participant to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during an activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

Date: _____ / _____ / _____ Signature (If minor, parent/guardian must sign): _____