



CLASS REGISTRATION FORM

To pay with credit card, register for classes on line, visit www.artcentervb.org/education.

Or return this form with payment to VBAC, 532 Virginia Beach Blvd., 23451. Make checks payable to VBAC.

Note: Some high-demand classes could fill on line before paper registration is processed.

Participant Name:	Date of Birth*:
Parent Name (for minors):	Street:
Home Phone:	City:
Cell Phone:	State:
Email:	Zip Code:
Any Health Concerns, Allergies or Special Needs:	

*Date of birth verifies that participant meets age requirements (i.e., for "adult only" or classes for children of various ages).

Class Title	Start Date	Tuition:
1.	/ /	\$
2.	/ /	\$
3.	/ /	\$
4.	/ /	\$
Do you want to be an Annual Supporter and receive Supporter tuition rates? Student w/ID = \$25 O'Keeffe Level = \$50 Picasso Level = \$100 Rodin Level = \$250		\$
	Grand Total	\$

Refund Policy: Cancellations must be received via email (create@artcentervb.org) or in writing at least 5 days prior to the class start date to receive a refund of full tuition fees. (On-line processing fees are not refundable.)

We do not accept credit card payment for paper registrations. All credit card payments require on-line registration. Paper registration is processed with cash or a check payable to VBAC.

___ Check # _____ ___ Cash Paid (in person)

A photo release form and liability waiver are required and must be signed by a responsible adult before the first class session begins.

I understand the terms stated above and verify that the information provided is correct.	Printed Name:
Signature:	Date:



Pottery Studio Liability Waiver and Photo Release

Participant Name (print): _____ Circle one: Student / Instructor / Volunteer

Parent/Legal Guardian Name (print): _____

(If Individual is a minor)

I understand that participation in the Pottery Studio involves using materials and equipment with potential risk for injury, including, but not limited to:

- Kilns that are hot and have potential to burn
- Wheels, pug mills and other machines with moving parts that can injure
- Heavy items that must be moved using proper lifting techniques
- Glazing chemicals that are hazardous and must be handled properly
- Clay dust that, when inhaled, can cause lung damage

Safety Highlights: (Full Safety Information and Policies available in the *Pottery Studio Handbook*)

1. I will always follow instructions by leadership.
2. I will not do any tasks for which I am not trained. I will not load/unload kilns unless approved by Manager.
3. I will keep my hair tied back and will not wear clothing or jewelry that hangs off the body.
4. I will not wear open-toed, open-heeled, or high-heeled footwear (i.e., flip-flops, sandals, clogs, high-heels) in the Pottery studio.
5. I will not use any equipment without an Instructor, Studio-Monitor, or Manager present.
6. It is my responsibility to pick-up finished work within 2-weeks after the close of a session unless otherwise arranged.

____ (Initial) **Waiver:** In connection with my involvement in Pottery and Clay Studio activities at VBAC, I hereby release VBAC, its agents, representatives, successors, or assignees, including VBAC management, employees and volunteers, from all liabilities, actions, claims, damages, demands, costs, and expenses which I now or in the future have against them, arising out of or in any way connected with my participation at the Clay and Pottery Studio, including en route to or from the program or its related events. I understand that this waiver includes, but is not limited to, all injuries to me and or loss of any personal property.

____ (Initial) **Photo Release:** I hereby grant the *Virginia Beach Art Center (VBAC)* permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration. I authorize the *VBAC* to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo. I UNDERSTAND THAT IF I DO NOT WANT MY/MY CHILD’S PHOTO TAKEN, I WILL NOTIFY THE INSTRUCTOR/FACILITATOR AND NOTE MY WISHES ON THE SIGN-IN SHEET.

____ (Initial) **Pottery Handbook:** The pottery handbook is available in the studio and on the VBAC website, and outlines specific policies and procedures for safe use of the pottery studio. I verify that I have read, understand and agree to abide by the policies and procedures outlined in the handbook. I have asked for and received clarification on any parts of the handbook that are not clear to me. I understand that a pottery studio contains equipment and chemicals that are dangerous and I agree to only use materials and machinery for which I am approved and competent.

Printed Name: _____ SIGNATURE: _____ Date: _____