



1220-B Linda Mar Blvd
Pacifica, CA 94044

CLASS REGISTRATION FORM - MAIL/IN PERSON/PHONE

Print and fill out one form for each student. To register:

By Mail, send with payment to: Sanchez Art Center, 1220 B Linda Mar Blvd., Pacifica, CA 94044

In Person/By Phone: Arts Ed Coordinator office hours are Tues-Wed-Thurs 1 – 5 pm, 650-355-1894

Make checks payable to: Sanchez Art Center

Or pay by credit card

Enrollment cannot be processed without payment

Refunds are possible only through a written request received two weeks prior to the first day of class

Classes will be cancelled one week in advance of start date if minimum enrollments are not met

Student Name _____ Age (if under 18) _____ Parent/Guardian Name (for students under 18) _____

Street Address _____ City _____ Zip _____

Home Tel _____ Work Tel _____ Cell _____

Email _____
Please tell us if there is any additional information about your child that will enable us to better serve you: _____

| Class Code | Class Title | Amount | Method of payment: | | | | Office Use |
|------------|--------------|--------|---------------------|-------|--------------------|-----|------------|
| | | | Cash | Check | Visa | M/C | |
| | | | Credit card # _____ | | | | |
| | | | Exp. Date _____ | | 3-digit code _____ | | |
| Mat's Fee | | | Signature _____ | | | | |
| | Total | | | | | | |

RELEASE AND HOLD HARMLESS AGREEMENT

I, the undersigned, for myself, my child, _____, and my/our assigns, executors, and heirs hereby release, indemnify, and hold harmless the Sanchez Art Center, a California nonprofit public benefit corporation (hereinafter "SAC"), the Art Guild of Pacifica, (hereinafter "AGP"), and the City of Pacifica (hereinafter "City"), its/their officers, directors, members, public officials, agents, employees, and volunteers from and against any and all liability, damages, expenses (including legal fees), and/or claims of any nature whatsoever arising out of or relating in any way to my/our participation in the Sanchez Art Center's Adult/Youth Art Classes, including any act or omission of a third party, even where the liability, damages, expenses, and/or claims is/are caused or contributed to in any manner by the SAC, AGP, and/or the City and its/their officers, directors, members, public officials, agents, employees, and volunteers. I understand that these classes are offered as a private recreation program and that child care and supervision is not provided. It is further understood that unless permission is refused in writing, SAC may photograph me/my child and my/my child's artwork and reproduce the photographs for archival and promotional purposes. I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND HOLD HARMLESS AGREEMENT. I UNDERSTAND THAT THE PURPOSE OF THIS AGREEMENT IS TO RELIEVE ALL OF THE RELEASED PARTIES FROM ALL LIABILITY, REGARDLESS OF THE NATURE AND REGARDLESS OF THE CAUSE.

Participant/Parent or Legal Guardian (Print) _____ Signature _____ Date _____