VALDEZ MUSEUM PROGRAMS REGISTRATION FORM

Today's date	Registration deadline
Workshop	Workshop date/time
	N: Complete all sections if you are a child or e only those applicable sections if you are an adult.
Name	
Mailing Address	
Email address	
Allergies/Medications	
Parent/Guardian Names	
PHONE # Home:	Cell
cost, expense, and liability arising fractivities, I hereby waive all claims caused by any act of the Valdez Mu indirectly from our participation in a liability and responsibility for any a result of our participation in any of	fy and hold harmless the Valdez Museum from all rom our participation in these Valdez Museum for damages to our person or property which may be seum, it's agents or employees, rising directly or any of these activities; and I hereby assume all all injury, loss, or damage we might receive as a the activities.
Signature of Participant	Date
Signature of Parent/Guardian	
	Date ild and their work to be photographed during eir use in promotional materials including print, web
(please initial)	PAID