

VALDEZ MUSEUM PROGRAMS REGISTRATION FORM

Today's date _____ Registration deadline _____

Workshop _____ Workshop date/time _____

PARTICIPANT INFORMATION: Complete all sections if you are a child or parent/guardian of a child. Complete only those applicable sections if you are an adult.

Name _____

Mailing Address _____

Email address _____

Allergies/Medications _____

Parent/Guardian Names _____

PHONE # Home: _____ Cell _____

Indemnity Agreement

I, the undersigned, agree to indemnify and hold harmless the Valdez Museum from all cost, expense, and liability arising from our participation in these Valdez Museum activities, I hereby waive all claims for damages to our person or property which may be caused by any act of the Valdez Museum, it's agents or employees, rising directly or indirectly from our participation in any of these activities; and I hereby assume all liability and responsibility for any and all injury, loss, or damage we might receive as a result of our participation in any of the activities.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Photo Release

I give permission for myself, my child and their work to be photographed during Museum programs, and allow for their use in promotional materials including print, web and social media.

_____ (please initial) PAID _____