Sanchez Art Center
CLASS REGISTRATION

Print, fill out for each student, and mail with payment to:

Sanchez Art Center
1220 B Linda Mar Blvd.
Pacifica, CA 94044

For more info contact:

Melinda Lightfoot, Program Director
classes@sanchezartcenter.org
650-355-1894

Office Use Only:

CLASS INFORMATION:

- ✓ Please make checks payable to: Sanchez Art Center
- ✓ 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

Session: ☐Summer ☐Fall ☐Winter ☐Spring

Class No.	Class Title	Amount
Materials Fee(s)		
	Total:	

Method of Payment

☐Cash ☐Check ☐Visa ☐MasterCard

Credit Card # _____

Exp. Date **3 digit code** (back of card)

_____

Signature _____

_____
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:

_____

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 on printed matter or the SAC website for the purposes of documentation and promotion.

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