

REGISTRATION FORM SUMMER 2012

Please print clearly and return with full payment of tuition, **+ a non-refundable \$45.00 registration fee to:**

Multi-Arts - PO Box 108 - Hadley, MA 01035



Parent or guardian name _____

Child's name _____ Age _____ M F

Address _____

Telephone _____

*E-mail address _____

**Note: All communication will be conducted via email*

There is an additional & non refundable \$45.00 registration fee for all workshops

Note: Workshop II, III & IV will culminate in a theatrical production.

Workshop I	June 26 - June 29 <input type="checkbox"/>	Wildwood School, Amherst - \$230
Workshop II	July 2 - July 13 <input type="checkbox"/>	Wildwood School, Amherst - (no class on July 4th) \$550
Workshop III	July 16 - July 27 <input type="checkbox"/>	Wildwood School, Amherst - \$550
Workshop IV	July 30 - Aug 10 <input type="checkbox"/>	Wildwood School, Amherst - \$550

**Full tuition refund if you withdraw before to May 31st 2012. Would you choose to not participate after June 1st, a \$225 deposit will be given provided we are able to fill the slot.

NOTICE: In addition to the tuition, please mail the following forms (see page 2, 3, 4) plus a certification of an up-to-date immunization - Physical exams for your child.

Please consider making a tax deductible donation to our Multi-Arts Student Scholarship Fund.

PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT.

Please read and be certain you understand the implications of signing.

Express Assumption of Risk Associated with Sport, Venue Use and Related Activities.

I, _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Multi-Arts Inc., transportation of equipment related to the activities, and travelling to and from activity sites in which I am about to engage. **Inherent hazards and risks include but are not limited to:**

1. Risk of injury from the activity and equipment utilized is significant including the potential for broken bones, severe injuries to the head, neck, and back or other bodily injuries that may result in permanent disability and death.
2. Possible equipment failure and/or malfunction or misuse of my own or others' equipment.
3. I AGREE THAT I WILL WEAR APPROVED PROTECTIVE GEAR AS DECREED BY THE GOVERNING BODY OF THE SPORT I AM PARTICIPATING IN. However, protective gear cannot guarantee the participant's safety. I further agree that no helmet can protect the wearer against all potential head injuries or prevent injury to the wearer's face, neck or spinal cord.
4. Variation and/or steepness of terrain, variation or changes in surfaces including but not limited to snow surfaces, ice, bare spots, rocks, stumps, debris, cliffs, trees, fences, posts, trees, light poles, signs, buildings, roads, walkways, ramps, rails, stairs, pyramids, manual pads, bowls, half-pipes, jumps, padded and non-padded barriers, other persons, and other natural and man-made hazards.
5. My own negligence and/or the negligence of others, including but not limited to operator error and guide decision making including misjudging terrain, weather, riding surfaces or other obstacles.
6. Exposure to the elements and temperature extremes may result if frost nip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
7. Dangers associated with exposure to natural elements include but are not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe and or varied wind, temperature and other weather conditions.
8. Accidents or illness occurring in remote places where there are no available medical facilities.
9. Fatigue, exhaustion, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
10. Impact or collision with other athletes, spectators, facility employees, pedestrians, motor vehicles, and cyclists.

***I understand the description of these risks is not complete and unknown or unanticipated risks may result in injury, illness, or death.**

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in the above described activity(ies) and related activities, I hereby agree, acknowledge and appreciate that:

1. **I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE,** the following named persons or entities, herein referred to as releasees.

Multi-Arts Inc.
Owner (Company and/or Person)

2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of my engaging in the above activities.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.
4. This agreement shall apply to any and all injury, disability, death, or loss or damage to person or property occurring at any time after the execution of this agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable. **I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

S/

Signature of Adult Participant

Name of Adult Participant (Please Print)

Date _____

FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

S/

Signature of Parent or adult legal Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have

Name of Parent or adult legal Guardian (Please Print)

Name of Minor (Please Print)

Date

Photograph and Video Release Form

By signing this form, I give permission to Multi-Arts to take photographs and/ or videotapes of my child that may be used in future brochures/ publicity materials and on the Multi-Arts website. I also give permission to videotape my child's image and/or voice and have it cablecast on Amherst Community Television and other community access channels. I further give permission to the Public Access television station to cablecast the edited version of my child's composition at the station's discretion. No profit will be made from these recordings, and the names of the children will not appear next to the images.

Name of child to be photographed/videotaped: _____

Date: _____

Parent's Signature: _____



MULTI-ARTS

Catalina Arrubla - Executive Director
P.O. Box 108, Hadley MA 01035
413-584 79 51

EMERGENCY CARD

CHILD'S NAME _____ AGE _____

PARENT/GUARDIAN NAME _____

WORK/ DAY PHONE NUMBER _____

Cell Phone

PHYSICIAN _____ PHONE NUMBER _____

ALTERNATE PERSON TO CALL IN THE EVENT THAT IT IS IMPOSSIBLE TO REACH A PARENT

NAME _____ PHONE # _____

NAME _____ PHONE # _____

"I authorize the following people to pick up my child from the program".

"I give the Director and staff of the Multi-Arts Program permission to administer minor first aid to my child. Should more than a minor injury occurs, requiring emergency treatment, I give permission to the Director and staff to acquire emergency medical treatment (i.e. ambulance)".

PARENT SIGNATURE _____ DATE _____