

Participant's Name: _____ **Class:** _____

Rockmart Cultural Arts Center

ART CLASS REGISTRATION

_____/_____/_____ Male: _____ Female: _____
Name of Participant **Date of Birth**

Any Known Medical Conditions? _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____

E-Mail Address: _____

Residence: **City Limits of Rockmart** _____ **Inside Polk County** _____ **Other than Polk County** _____

Emergency Contact Name: _____

Emergency Contact Number(s): _____

WAIVER: (PLEASE BE SURE TO CAREFULLY READ THIS SECTION)

In consideration of being permitted to participate in the City of Rockmart / Rockmart Cultural Arts Center Program, related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor and/or assign;

A. ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:

- a. To the best of my knowledge, I am in **GOOD PHYSICAL CONDITION** and have no condition, disease, or injury that would be aggravated by participating in activities related to the Rockmart Cultural Arts Center Program.
- b. Participating or assisting others in participating in the Rockmart Cultural Arts Program may involve **RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY**, or other consequences, which might result not only from my own actions, inaction or negligence but also the actions, inactions or negligence of others or the conditions of the premises or of any equipment used:
- c. There may be **OTHER RISKS** not known or not reasonably foreseeable: and Understanding all of the above.

B. MEDIA:

- a. Participant's work, name, or image used for RCAC media purposes may be in the form of a public newspaper, radio, television, or on the RCAC website and/or Facebook, Twitter, and other social media sites.
- b. **If you DO NOT wish to allow participant's image to be published, please INITIAL HERE _____ . Instructor MUST initial HERE _____ as acknowledgement of this request for it to be valid.**

C. I ASSUME ALL OF THE ABOVE RISKS AND RELEASE WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

- a. City of Rockmart or any of its agencies, Rockmart Cultural Arts Center, its employees or volunteers, teachers, instructors, coaches, trainers, or officials affiliated with the Rockmart Cultural Arts Center Program(s).

D. REFUNDS:

- a. Any Refunds requested after class begins, but before the session ends ARE granted by the **SOLE DISCRETION** of the instructor. RCAC administrative fees (25%) will be deducted from any refunds.

I also understand that the Rockmart Cultural Arts Center maintains a Zero (0) Tolerance Drug and Alcohol Program; and if determined that this program has been breached, this will be grounds for termination from the Rockmart Cultural Arts Program and that no refund of fees will be awarded.

_____/_____/_____
Print Name of Participant & Parent/Legal Guardian / Signature of Participant OR Parent/Legal Guardian / Date

City of Rockmart / Rockmart Cultural Arts Center
316 N. Piedmont Ave., Bld. 300, P.O. Box 231, Rockmart, GA 30153
www.rockmart-ga.gov/rcac and www.facebook.com/rcac.ga

Office Use Only: RCAC ART CLASS
REGISTRATION FORM RECEIVED BY _____ Date _____

Amount Paid: \$ _____ Cash _____ Check # _____ CC _____

**Make checks payable to
"City of Rockmart/RCAC"**