



Candace Troy Studios

1012 Banyan Way
Pacifica, CA 94044
650 355-1708

candace@candacetroystudios.com

Create ~ Learn ~ Play

Focus on Drawing, Painting, Creative Exploration

Making a difference in people's lives through Art!

Please Print Head of Household: **Registration Form** efax to: candace@candacetroystudios.com

Last Name: _____ First Name _____ Home Ph _____

E-mail: _____ Cell or Work Phone _____

Address: _____ City & Zip _____

Payment can be made by Cash or Check or with Paypal. Please let me know when paying with Paypal. When paying by check, please make checks payable to: "Candace Troy Studios" unless otherwise indicated. All payments are due upon registration and then due at the beginning of each new session. Sessions run month to month.

Participant's First Name	Participant's Last Name	M/F	Date of Birth	Activity Name	Fee

THIS FORM REPRESENTS RELEASE OF LIABILITY AS STATED BELOW AND IN ADDITION TO ANY AND ALL CLASSES TAKEN WITH CANDACE TROY STUDIOS ON SITE OR OFF DURING ANY GIVEN MONTH OR YEAR. ONE RELEASE FORM (ONE FORM) SHALL BE USED FOR ANY AND ALL CLASSES YOU OR YOUR FAMILY ARE ENROLLED.

RELEASE OF LIABILITY, INDEMNITY AND ASSUMPTION OF THE RISK

I understand that the Activity(ies) for which I am registering, including, but not limited to, any class, program or event "Activity(ies)" provided in connection with the City of Pacifica and/or Candace Troy and Candace Troy Studios can be dangerous and involves the risk of injury, property damage or death. Despite the risk involved and in consideration of the right to participate, I voluntarily agree to expressly assume any and all risk of injury, property damage, or death which might be associated with participation in the Activity(ies), and use of any facilities belonging to the City of Pacifica and Candace Troy Studios, I agree, on behalf of myself and my heirs, successors or assigns, to hold harmless, indemnify and defend Candace Troy Studios, Candace Troy and the City of Pacifica, its officers, employees, and agents ("City") against any and all liability, claims, losses, damages, lawsuits or expenses, including reasonable attorneys' fees arising in connection with my participation in Activity(ies). I agree to the use of my name and/or photo for City publicity and Publicity for Candace Troy Studios. I agree in case of emergency City may administer CPR or arrange for medical transport and Candace Troy and associates the same.. I agree the City is not responsible for lost or stolen items. I agree the City and Candace Troy may deny me permission to participate in Activity(ies).

PARENTAL/LEGAL GUARDIAN CONSENT (to be completed if applicant is under 18 years of age): I give consent for my son/daughter/dependent child to participate in the Activity(ies), and I execute the above release on his/her behalf. I have read and understood the registration form, liability release and parental/guardian consent form, and agree to all their terms and conditions.

Participant/Parent/Guardian Signature _____ date _____

Print Name _____ Registration will be returned if not signed!