



Montrose Center for the Arts/Aspen Light Glass Studio Class & Workshop Enrollment



Please fill out completed form to participate in the classes with Aspen Light Glass Studio.

Class Name: Mosaic Forms in Kiln-formed Glass

Student Email: _____

Class Instructor: Diane T Quarles

In Case of an emergency contact:

Participant's Name: _____

1st Contact: _____

Street Address: _____

Relation: _____

Mailing Address: _____

Phone: _____

City, State, Zip Code: _____

2nd Contact: _____

Phone Number: _____

Relation: _____

Cell Phone Number: _____

Phone: _____

Waiver/Release of Liability/Photo Release

I recognize that there is a risk of serious injury associated with use and manipulation of glass. By submitting this form and signing this waiver, I am agreeing NOT to hold Montrose Center for the Arts ("MCA") and Aspen Light Glass Studio LLC, its contracted teachers or any of MCA's employees, owners, agents or insurers responsible for any bodily injury or property damage that I may suffer as a result of participating in an art program with Montrose Center for the Arts or Aspen Light Glass Studio. I also hereby give permission to MCA and Aspen Light Glass Studio to use the above listed participant name and any likeness in all forms and media for advertising, promotions and any other lawful purposes. Knowing and Voluntary Execution: I HAVE CAREFULLY READ THE RELEASE AND WAIVER ON THE BACK OF THIS FORM, WHICH MATCHES DIGITAL REGISTRATION AGREEMENTS AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME, AND MCA & Aspen Light Glass Studio, AND SIGN IT OF MY OWN FREE WILL.

Participant's Signature: _____ Date: _____

Please remit payment to: Montrose Center for Arts, PO Box 1916, Montrose CO 81402 or email form to: **montrosecenter4arts@gmail.com**

Phone# 970-249-5654

For Office Use: Payment Amount: \$ _____ Payment Form: check _____ cash _____ cc _____

Payment Date: ____/____/____