



Name \_\_\_\_\_ Age (if minor) \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Class Title \_\_\_\_\_

Class Start Date(s) \_\_\_\_\_

LIABILITY WAIVER: PLEASE READ CAREFULLY BEFORE SIGNING

For myself, or in behalf of the above listed minor, for whom I am responsible as either parent or legal guardian, I state:

- The registrant desires to participate in the above listed Class/Workshop
- The registrant is 18 years old or older, or
- I give permission for the registrant to participate in the above listed Class/Workshop
- I understand that this release is intended to protect Mint Hill Arts, its directors, its officers, its employees, its agents, and its volunteers from any claim of negligence (the failure of reasonable care.)
- I understand that this is a release from liability, a hold harmless agreement, and an assumption of risk agreement.
- I assume all risk of loss, damage or injury that may be sustained in conjunction with this activity.
- I have carefully read this agreement and fully understand its content. I sign of my own free will.
- I give Mint Hill Arts permission to use photos taken in the gallery for promotional purposes.

Signed \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about classes at Mint Hill Arts?

\_\_\_\_\_ Postcard \_\_\_\_\_ newspaper/ magazine \_\_\_\_\_ newsletter \_\_\_\_\_ in the gallery \_\_\_\_\_ other

Please return registration form with payment to:

**Mint Hill Arts**  
**Attn: Class Registrar**  
**7714 Matthews-Mint Hill Road**  
**Mint Hill NC 28227**

For further info, email [judymizell06@yahoo.com](mailto:judymizell06@yahoo.com) or visit [www.minthillarts.org](http://www.minthillarts.org)

For Office Use Only					
Date Received	Pmt Method	Pmt Number	Amount	DEP	TCH PD DATE

**RECEIPT**-Please keep for your records

Date Received	Pmt Method	Pmt Number	Amount
<b>CLASS TITLE</b>			
<b>CLASS START DATE</b>			