



2022 FALL SEMESTER REGISTRATION

Semester begins Tuesday, 9/6/22 and ends on Monday, 12/5/22

No classes the week of November 21-25

We reserve the right to cancel and refund any classes that are undersubscribed.

Student #1	DOB	GRADE
Student #2	DOB	GRADE
Student #3	DOB	GRADE
Student #4	DOB	GRADE
Parent(s)	School (s)	
Address	Zip	
Email	Home Phone	
Cell Phone	Work Phone	
Emergency Contact Name (do not leave blank; must be a person other than those listed above)	Emergency Contact's Phone #	
Allergies & Health Alerts: (do NOT leave blank!) Please list student's name and allergy or health concern	Will you bring medications to class? If yes, please LIST	

CHILDREN'S CLASSES (12/semester) 9/6 to 12/5/22

STUDENT NAME(S)	DAY	TIME	AGE/GRADE	FEE	x # of students	AMOUNT DUE
	MONDAY Begins 9/12/22	4:00 to 5:30 pm	K4, K5, young 1 st grade	\$400		
	TUESDAY Begins 9/6/22	10:00 to 11:00 am	2 - 3 year olds with an adult	\$225		
	TUESDAY Begins 9/6/22	3:30 to 5:30 pm	1 st - 2 nd grades	\$450		
	WEDNESDAY Begins 9/7/22	3:30 to 5:30 pm	3 rd - 4 th grades	\$450		
	THURSDAY HOMESCHOOL Begins 9/8/22	10:00 am to 12:00 noon	K4 - 12 th grades	\$450		
	THURSDAY Begins 9/8/22	4:00 to 6:00 pm	5 th - 12 th grades	\$450		

Class fees include a \$150 non-refundable supply fee that is due at the time of registration. Balance is due by the first class.

ADULT CLASSES (number of classes varies) Payment due at registration

STUDENT NAME(S)	DAY	TIME	CLASS	FEE	X # of students	AMOUNT DUE
	MONDAY 9/12 to 12/5/22	7:00 to 9:00 pm x 12 classes	DRAWING & OIL PAINTING	\$450		
	TUESDAY 9/6 to 10/11/22	7:00 to 9:00 pm x 6 classes	EZ CUTS & PRINT MAKING	\$250		
	TUESDAY 10/18 to 11/29/22	7:00 to 9:00 pm x 6 classes	WATERCOLOR WORKSHOP	\$300		
	SAT & SUN 9/17 & 9/18	1:00 to 4:00 pm X 2 classes (6 hrs)	Yu Cha Pak SUMI-E Class	\$100		
	SAT & SUN 10/1 & 10/2	1:00 to 4:00 pm X 2 classes (6 hrs)	Yu Cha Pak WATERCOLORS	\$150		
	SATURDAYS	10:00 to 12:00 OR 1:00 to 3:00pm	PARTIES	CALL for PRICING		
					GRAND TOTAL ALL ROWS	\$

Please mark one:

Personal check enclosed Please call me for credit card info Send a PayPal invoice I will pay cash in person (by appointment)

Art Studio on the Boulevard 2022 Liability Waiver and Talent Release

Please read this document carefully. Sign and date at the bottom of this document.

This signed form must be included with your registration for you and your child/ren to be considered for admittance into our art class program.

Name(s) of ALL STUDENTS _____

I, the undersigned, signing as a legal guardian of said child/ren, wish for my Child/ren (listed above; hereafter "Child/ren") to participate in the above referenced art classes (hereafter "Class") on the date(s) and location I have indicated on the attached registration form, in consideration for my Child/ren participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child/ren's participation in the Class there are dangers, hazards and inherent risks to which my Child/ren may be exposed, including the risk of serious physical injury, illness, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Camp may involve risks and dangers, both known and unknown, and have elected to allow my Child/ren to take part in the Class.

I acknowledge, understand, and appreciate that, as part of my Child/ren's participation in the Class, they may be exposed to communicable diseases including, but not limited to, Covid-19. I am aware that all participants and staff will be required to help keep the Class environment as safe as possible by using the Centers for Disease Control and Prevention (CDC) Covid-19 Guidelines, including checking of temperatures, wearing of face masks, frequent hand washing, use of hand sanitizers, social distancing where possible, and the use of disinfecting agents. I am aware of the risks involved and have carefully considered the health of my Child/ren and myself and that of the members of my household and choose to enroll my child in Class. I understand that my Child/ren will come in contact with many other children and adults each day. I understand that I am required to immediately notify the Administrator if I or my Child/ren become(s) symptomatic of any illness, or has/have come in contact with a Covid-19 positive person. I understand that I and my Child/ren may have to quarantine, which may mean missing some or all of Class, with no ability to make classes or projects, and forfeiture of any claim for a refund of my payments. If I or my Child/ren and/or family travels, we will follow CDC guidelines concerning quarantine and testing prior to attending Camp.

I, on behalf of my Child/ren, hereby understand and acknowledge that my failure to disclose relevant information may result in harm to my Child/ren and/or others during this Class. By signing my name, I represent and warrant that my Child/ren's mental, physical or medical condition enables him/her/them to participate in the Class without any special accommodation. I, on behalf of my Child/ren, understand that Class recommends we consult with a physician prior to allowing our Child/ren to participate in this Class and, if I am uncertain about any pre-existing medical conditions, it is my responsibility to consult with my Child/ren's physician prior to my Child/ren participating in this Class.

I, on behalf of my Child/ren, hereby release Jonathan Smulian, Art Studio on the Boulevard, and Mad Hatter Arts Camp, Administration, Faculty, Staff, Student counselors, Camp Staff, and all other directors, employees and agents from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child/ren or loss that my Child/ren may suffer while training, preparing, participating and/or traveling to or from the Class. This agreement is binding on my heirs and assigns.

I, on behalf of my Child/ren, furthermore release, indemnify and hold harmless Jonathan Smulian, Art Studio on the Boulevard, and Mad Hatter Arts Camp, Administration, Faculty, Staff, Student counselors, Camp Staff, and all other directors, employees and agents from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child/ren may suffer, for which my Child/ren may be liable to any other person, that may or does arise out of my Child/ren's participation in the Class. I understand that Jonathan Smulian, Art Studio on the Boulevard, and Mad Hatter Arts Camp, Administration, Faculty, Staff, Student Leaders, Camp Staff, and all other directors, employees and agents accept no responsibility for my Child/ren's personal property.

I, on behalf of my Child/ren, hereby authorize representatives of Class to obtain emergency medical treatment for my Child/ren on my behalf. I hereby hold Jonathan Smulian, Art Studio on the Boulevard, and Mad Hatter Arts Camp, Administration, Faculty, Staff, Student counselors, Camp Staff, and other directors, employees and agents harmless and agree to indemnify from any claims, debts, expenses, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for all expenses, including medical expenses that may derive from any injuries to my Child/ren that may occur during his/her/their participation in the Camp.

By initialing the appropriate box below I, on behalf of my Child/ren, agree or disagree to give Jonathan Smulian, Art Studio on the Boulevard, and Mad Hatter Arts Camp permission to use the electronic image of my Child/ren on the Camp's website or in the Camp's publications and/or social media and I agree to indemnify and hold harmless Jonathan Smulian, Art Studio on the Boulevard, and Mad Hatter Arts Camp, Administration, Faculty, Staff, Student counselors, Camp Staff, and all other directors, employees and agents from any and all liability as to any right of action that may accrue to my heirs and assigns as a result of Class using my Child/ren's image.

Re: Electronic Images: Do you agree to the terms above? (initial) Agree _____ Disagree _____

This RELEASE shall be governed by and construed under the laws of Texas. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss because of my Child/ren's participation in any part of the Class, shall be brought only in Harris County, Texas.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child/ren but also the successors, heirs, representatives, administrators, and assigns of my Child/ren and myself.

By signing your full name below, you certify that you have read and agree to the above information.

Signature _____

Printed Name _____

Date _____