



2023 FALL SEMESTER REGISTRATION

Semester begins Monday, September 11 and ends on Thursday, December 7, 2023

No classes during Thanksgiving week, November 20-24

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) 9/11 to 12/7

STUDENT NAME(S)	DAY	TIME	AGE/GRADE	FEE	x # of students	AMOUNT DUE
	MONDAY 9/11 to 12/4	4:00 to 5:30 pm 1.5 hrs	K4, K5, young 1 st grade	\$400*		
	TUESDAY TRY-ITS 9/12 to 11/28	10:00 to 11:30 am 1.5 hrs	Ages 4-12	\$35/class Payable in advance		
	TUESDAY 9/12 to 12/5	3:30 to 5:30 pm 2 hrs	1 st - 2 nd grades	\$450*		
	WEDNESDAY 9/13 to 12/6	3:30 to 5:30 pm 2 hrs	3 rd - 4 th grades	\$450*		
	THURSDAY 9/14 to 12/7	4:00 to 6:00 pm 2 hrs	5 th - 12 th grades	\$450*		
SCOUT BADGES: Call for info	SATURDAYS 10/7 - 11/4	10:00 to 11:30 am	K-12 th grades	\$35/scout By appointment		

*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) Adult class fees due at time of registration.

STUDENT NAME(S)	DAY	TIME	CLASS	FEE	X # of students	AMOUNT DUE
	MONDAY 9/11 to 12/4	7:00 to 9:00 pm x 12 classes	DRAWING & OIL PAINTING	\$450		
	TUESDAY 9/12 to 10/17	7:00 to 9:00 pm x 6 classes	PRINT MAKING 1: Relief, Gelli	\$250		
	TUESDAY 10/24 to 12/5	7:00 to 9:00 pm x 6 classes	PRINT MAKING 2: Gelli, Etching	\$250		
	WEDNESDAY 9/13 to 10/18	7:00 to 9:00 pm X 6 classes	ACRYLIC PAINTING 1: Beginner & Intermediate	\$300		
	WEDNESDAY 10/25 to 12/6	7:00 to 9:00 pm X 6 classes	ACRYLIC PAINTING 2: Projects continued	\$300		
	SATURDAY 9/23	10am to 12 noon 2 hrs	WATERCOLOR WORKSHOP 1	\$40		
	SATURDAY 9/23	1:00 to 3:00 pm 2 hrs	WATERCOLOR cont. WORKSHOP 2	\$40		
	SATURDAY 9/30	10am to 12 noon 2 hrs	SUMI-E WORKSHOP 1	\$40		
	SATURDAY 9/30	1:00 to 3:00 pm 2 hrs	SUMI-E cont. WORKSHOP 2	\$40		
					GRAND TOTAL ALL ROWS	\$

Please mark one: Personal check enclosed Send a PayPal Invoice I will pay cash in person (by appointment)

ADULTS

Art Studio on the Boulevard and Mad Hatter Arts Camp Liability Waiver and Talent Release

Please read this document carefully. Initial where indicated, and sign and date at the bottom of this document

I, (print legal name) _____, the undersigned, wish to participate in a program at the Art Studio on the Boulevard and/or the Mad Hatter Arts Camp (hereafter "Program") on the date(s) and location indicated on my registration and/or contract. As a condition of my participation in the Program, I hereby agree as follows:

I acknowledge, understand, and appreciate that as part of my participation in the Program there are dangers, hazards, and inherent risks to which I may be exposed, including risks 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 Program may involve risks and dangers, both known and unknown, and have elected to take part in the Program.

I acknowledge, understand, and appreciate that, as part of my participation in the Program, I 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 keep the Program environment as safe as possible by using the Centers for Disease Control and Prevention (CDC) Covid-19 Guidelines, including checking of body temperatures, wearing of face masks properly, frequent hand washing, use of hand sanitizers, social distancing where and when possible, and the use of disinfecting agents. I am aware of the risks involved and have carefully considered my health and that of the members of my family and household and choose to participate in the Program. I understand that I may come in contact with many children and/or adults each day. I understand that I am required to notify the Program Administrator if I become symptomatic of any illness or have come in contact with a Covid-19 positive person. I understand that I may have to quarantine, which may mean missing some or all of the Program and forfeiture of any claim for pay or reimbursement for materials. If I or my family or members of my household travel, I will follow CDC guidelines concerning Safe Travel, quarantine, and testing prior to attending the Program.

I hereby understand and acknowledge that my failure to disclose relevant information may result in harm to myself and/or others during this Program. By signing my name, I represent and warrant that my mental, physical, or medical condition enables me to participate in the Program without any special accommodation. I understand that the Program recommends that I consult with a physician prior to participation in the Program and, if I am uncertain about any pre-existing medical conditions, it is my responsibility to consult with my physician prior to participating in the Program.

I hereby release Jonathan Smulian, Art Studio on the Boulevard, and the Mad Hatter Arts Camp and any of its programs, its administration, faculty, staff, student counselors, Program staff, and all other directors, employees, agents, and participants from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury that I may suffer while training, preparing, attending, participating in, and/or traveling to or from the Program. This agreement is binding on my heirs and assigns.

I furthermore release, indemnify, and hold harmless Jonathan Smulian, Art Studio on the Boulevard, and the Mad Hatter Arts Camp and any of its programs, its administration, faculty, staff, student counselors, Program staff, and all other directors, employees, agents, and participants from and against any and all acts or omissions and any present or future claim, loss, or liability for injury to my person or property that I may suffer, that does or may arise out of my participation in the Program. I understand that Jonathan Smulian, administration, faculty, staff, student counselors, Program staff, and all other directors, employees, agents, and participants accept no responsibility for my personal property.

I hereby authorize representatives of the Program to obtain emergency medical treatment for myself on my behalf. I hereby hold Jonathan Smulian, Art Studio on the Boulevard, and the Mad Hatter Arts Camp, its administration, faculty, staff, student counselors, Program Staff, and all other directors, employees, agents, and participants harmless and agree to indemnify from any claims, debts, causes of action, damages and/or liabilities, origin out 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 myself that may occur during participation in the Program.

By initialing the appropriate box below, I agree or disagree to give Jonathan Smulian, Art Studio on the Boulevard, and Mad Hatter Arts Camp and/or its Program permission to use the electronic image of myself on the Program's website, publications, and/or social media presence and I agree to indemnify and hold harmless Jonathan Smulian, Art Studio on the Boulevard, and the Mad Hatter Arts Camp, its administration, faculty, Program staff, student counselors, and all other directors, employees, agents, and participants from any and all liability as to any right of action that may accrue to my heirs and assigns as a result of the Program using my 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 proceedings relating to the RELEASE, or arising out of any injury, death, damage, or loss because of my participation in any part of the Program, 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 but also the successors, heirs, representatives, administrators, and assigns of myself.

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

Signature _____ Printed Name _____

Date _____