



INDIVIDUAL CLASS REGISTRATION

Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Guardian Name: (if applicable) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

How did you hear about us? _____

Emergency Contacts:

Name: _____ Relationship: _____

Cell Phone: _____ Home/Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Home/Work Phone: _____

Are there any medical conditions or allergies we should be aware of? _____

Do we have permission to provide basic first aid (bandages, ice, etc.)? Yes No

Who should we contact regarding class cancelations or rescheduling? _____

Best way to connect? text email phone

What goals do you have for class, if any? _____

spotted rabbit studio
teaching the art of creativity



Sarah Beren, LCAT, Director

115 Metro Park, Rochester, NY 14623
phone (585) 430-9877 | fax (585) 486-5772

PAYMENT AGREEMENT [Self-Pay]

I request that Spotted Rabbit Studio provide creative arts classes with the understanding that payment for such services is expected within 4 weeks of invoice submission. Invoices will be provided to you on a monthly basis at the conclusion of each month classes are offered. Accepted forms of payment include cash, check* and credit card. If payment is not made within this timeframe, and other arrangements have not been negotiated, classes will cease until the balance is paid in full. **Please note that there is a \$15 charge for any returned checks.*

_____ is Registered for the Following Class(es) at a rate of \$45 per hour.

CANCELATION POLICY: Since the scheduling of a class involves the reservation of time specifically for you a minimum of 24 hours notice is required for re-scheduling or canceling a class. **Please contact us by phone or text at (585) 430-9877 or by email at Sarah@SpottedRabbitStudio.com.** Except in the case of unexpected illness or family emergency you will be charged the full rate for classes cancelled without such notice. You may terminate attendance at any time, however this does not negate your financial obligation to pay for previously rendered services.

RELEASE AGREEMENT: By registering you agree to the following: Although every effort is made to provide a safe environment, I recognize there is always a risk of accident. By submitting registration, I agree to be responsible for any medical bills incurred resulting from illness or injury during my participation at Spotted Rabbit Studio. Students are expected to carry their own accident and medical insurance. I release Spotted Rabbit Studio from any and all liability and/or claims or damages arising out of personal injury of any kind. If necessary, I authorize Spotted Rabbit Studio to administer first aid and/or authorize medical treatment.

DRESS CODE: Please keep in mind we are a hands-on art studio. Students should wear clothes appropriate for the activity they plan to engage in, especially if it involves painting, ceramics, and/or woodworking. Spotted Rabbit Studio is not responsible for clothing damaged during participation in individual classes. Woodworking students must wear closed toed shoes and long hair must be pulled back.

Client _____

Date _____

(Signature) _____

Personal Representative or Guardian _____

Date _____

(Signature) _____

Relationship to Client _____

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PHOTOGRAPH/ARTWORK CONSENT

I, _____, hereby authorize to use photographs taken of _____ and/or related artwork in educational, informational, and promotional materials as described below:

- | | |
|--|---|
| <input type="checkbox"/> Artwork Only | <input type="checkbox"/> Spotted Rabbit Studio Facebook |
| <input type="checkbox"/> Artist & Artwork | <input type="checkbox"/> Spotted Rabbit Studio Website |
| <input type="checkbox"/> Please use my first name | <input type="checkbox"/> Spotted Rabbit Studio Brochures & Flyers |
| <input type="checkbox"/> Please keep my name anonymous | <input type="checkbox"/> Fundraising Campaigns |
| | <input type="checkbox"/> Grant Applications |

Name _____

Date _____

(Signature) _____

Personal Representative or Guardian _____

Date _____

(Signature) _____

Relationship to Client _____