

**Artisan Masterpiece
Class Enrollment Form**

Class Name/Session/Start Date _____
(list additional classes on back)

Student Name _____ Age _____

Address _____

City, State, Zip _____

Home Phone _____

Emergency Contact/Phone _____

Waiver and Release

The undersigned party agrees to release and to hold Artisan Masterpiece, Inc., and its members, agents and employees harmless from any and all liabilities and claims for damages and/or suits for or by reason of any injury or injuries to any person or persons or property of any kind whatsoever while engaged in any Artisan Masterpiece program and for all claims or demands whatsoever in law or equity which may heirs, executors, administrators, or assigns can, shall, or may have reason of any matter, cause or thing whatsoever. I also give my permission to the aforementioned organization for the free use of my likeness and that of my child or ward, in connection with any broadcast, telecast, print media or other publicity.

Refund Policy

Artisan Masterpiece reserves the right to cancel, combine, or divide classes, to change time, date or location of classes; to change instructor assignments; and to make any other changes that may be necessary. Artisan Masterpiece will issue a full refund if we cancel a program. No refunds will be given once the scheduled class week has begun. Cancellations made after registration and prior to class start will receive a 50% refund.

I have read and agree to the above Waiver and Release and Refund policy,

Name (please print) _____

Signature _____ Date ____/____/____