

**For Office Use Only:**  
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## Open Studio Project Class Registration Form

Please complete all sections. This information is entirely confidential between you and Open Studio Project.

### Participant Information

Adult Participant (or Parent) Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

How did you find out about Open Studio Project? \_\_\_\_\_

### Select the class you are registering for:

- Connecting with the Creative Process Day/Dates: \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
 OSP One Time Workshop Day/Dates: \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
 Art and Adventure Day/Dates: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**Are you interested in becoming an Open Studio Project Member?** Membership fee is \$25/year and you will receive a \$10 discount on all course fees.

- Yes, I am interested in a Membership.  No thank you, I am not interested in becoming a Member at this time.

### Payment Method:

- Cash  
 Personal Check (to Open Studio Project)  
 Credit/Debit Card

### Select Payment Schedule:

- Pay in full now: **Amount Paid \$** \_\_\_\_\_  
 Pay in full on \_\_\_/\_\_\_/20\_\_  
 Pay before class each week  
 Other:

### Would you like to donate \$1 or \$5 for the Lilith Fund Scholarship /Art & Action program?

- \$1 Scholarship Donation  \$5 Scholarship Donation  Other Scholarship Donation

### Lilith Fund Scholarship:

*\*Open Studio Project offers need-based scholarships to CCP participants. If you are in need of financial assistance for this course, please indicate your level of need below, to be considered for our Lilith Fund Scholarship.*

### The six-week Adult Workshop is \$165 = \$27.50/class

Which fee-option best matches your financial need?

- \$130 = \$22/class  
 \$100 = \$17/class  
 \$80 = \$13/class  
 \$50 = \$8/class  
 Other: I can pay \$ \_\_\_\_\_ for the 6 week session.

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Total Discount Granted: \$ \_\_\_\_\_

**Total Payment: \$** \_\_\_\_\_

*Providing the following information is optional and will be used for statistical purposes only.*

To help us ensure that our programs reflect the diverse community we serve, please check the box (es) that most reflect(s) the race/ethnicity of the participant.

- African American  Asian  
 Caucasian  Latino  
 Native American  Other: \_\_\_\_\_

As a non-profit organization, The Open Studio Project depends on government and other funding sources for support. In order to continue to provide our programs and services to the community it is important for us to collect the following information. **Your responses are voluntary, and will be kept confidential, and will not affect the programs and services available to you.** Please check the box (es) that apply to the participant or the participant's household.

### Number of people in your household:

- 1  
 2  
 3  
 4 or more

### Total household income:

- \$0-\$20,000  
 \$20,001-\$40,000  
 \$40,001-\$70,000  
 \$70,001 or more

### Do you receive any of the following:

- Unemployment  
 SSI/SSA  
 TANF  
 SNAP  
 Medicaid

\*Open Studio Project is a non-profit organization that sustains its programs with class fees as well as assistance from volunteers. Many CCP participants help Open Studio Project in significant ways: fundraising at *Artopia*, securing art supplies, set-up/clean-up, etc. If you are interested in volunteering please complete a volunteer application on our website:  
[www.openstudioproject.org/site/contact.asp](http://www.openstudioproject.org/site/contact.asp)

\*Would you like to receive emails from Open Studio Project about upcoming events, classes, one time workshops, and gallery exhibits? Open Studio Project does not share your contact information.  
 Yes, I would like to receive eNewsletters from Open Studio Project.

**Waiver of Liability, Medical Release, and Media Release:**

\*I understand that the work done at The Open Studio Project involves risk. In order to decrease the possibility of having an accident, I agree to use Open Studio Project's facilities only under the direction and supervision of Open Studio Project personnel.

\*As a prerequisite to participation in activities at Open Studio Project, I hereby waive any and all claims and liability which I may have against Open Studio Project, their directors, officers, employees, agents, subcontractors, suppliers, or other customers for injuries, losses, or death, or any other personal or property damages. This release shall be binding upon my heirs, legatees, administrators, benefactors, and personal representatives. If any part of this agreement is held invalid, the balance thereof shall continue in full legal force and effect.

Does the student have any physical or medical limitations that may affect his/her ability to participate in strenuous class activities?

Yes  No  If yes, please explain:

\_\_\_\_\_

Is the student taking medication that may affect his/her abilities? Yes  No  If yes, please explain: \_\_\_\_\_

**Medical Release:** On behalf of myself and/or \_\_\_\_\_ (a minor child for whom I exercise legal guardianship), I authorize Open Studio Project to secure the services of a physician or hospital and to incur the expenses for necessary services in the event of an accident or illness, and agree to provide for payment of these costs.

**Media Release:** On behalf of myself and/or \_\_\_\_\_ (a minor child for whom I exercise legal guardianship), I consent to the use of my/his/her recorded image and artwork for the purpose of publicizing programs of The Open Studio Project, and waive any compensation for such use.

\*I have read this document and understand that it is a full irrevocable release. I also understand all terms and agreements set forth herein. By signing this document I accept all of the above terms.

**Signature of participant or participant's parent or legal guardian:**

X \_\_\_\_\_ **Date:** \_\_\_\_\_