



Art For Everyone

Fall _____ Winter _____ Spring _____

Class: _____

Name of artist: _____ Date of birth: _____

Address: _____

Phone: _____ Cell: _____ Work phone: _____

Email address: _____

Emergency Contact _____ Phone: _____

Allergies: Yes No Not Sure If yes (or could be), to what? _____

Anything else we need to know (like asthma/seizures, etc.)? _____

Physician: _____ Phone: _____

Permission agreement

A.I understand that all classes will be held in Merrymeeting Arts Center (MAC) space at 6 Main St. and at 9 Main St.

B.I grant permission for me to be included in pictures and videos of classes with MAC.

C.I grant permission for the staff of MAC to take whatever steps necessary to obtain medical care, if warranted. These steps may include, but are not limited to the following:

1. Administer First Aid.
2. Attempt to contact an emergency contact person.
3. Attempt to contact physician.
4. If we cannot reach the emergency contact person or the physician, we will do any of the following:
 - a. Contact EMS.
 - b. Call an ambulance.
 - c. Transport to the Mid Coast Hospital Emergency Room in the company of a staff member in a staff vehicle.
6. Any expenses incurred will be borne by the individual.

SIGNED: _____ DATE: _____

No refunds will be made for withdrawal after the first class. Registration is complete only upon the signed return of this form and payment of full tuition.

Please make checks payable to Merrymeeting Arts Center.

Check# _____ Date: _____ Amount: _____ Initials: _____