



**Amario's Art Academy for the Gifted and Talented**

1087 Cleveland Avenue

Atlanta, GA 30344

404-559-1695

<http://www.amariosartacademy.com/>

Today's Date \_\_\_\_\_

# Academy Free Introductory Class Application

Please complete this form for your Free Introductory class. We will contact you with the days and times available for the class. **When the form is completed, please press send or return by mail or save it as an attachment to: [forms@amariosartacademy.com](mailto:forms@amariosartacademy.com)** - 1 per person, 1 per visit. Not transferable.

Parent name \_\_\_\_\_ Your e-mail address \_\_\_\_\_

Student Name  Company or enter N/A \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ What are some of your artistic interests \_\_\_\_\_

Which interest you the most? \_\_\_\_\_ Educational Level \_\_\_\_\_

Please tell us about yourself as an artist, provide links to your art work. ( optional )

How did you hear about this class \_\_\_\_\_

**PERMISSION TO PARTICIPATE: & CONDITIONS OF PARTICIPATION** I/we, the undersigned, consent for me, my/our minor child/ward to participate in the programs sponsored by Amario's Art Academy. In consideration of me, my/our child's/ward's participation in the program I/we hereby agree(s) to assume all the risks and hazards incidental to said participation and do further agree(s) to release, absolve, indemnify and otherwise hold harmless Amario's Art Academy for the Gifted and Talented, its employees, administrators, agents and assigns and others who assist the above, for any loss, damages or personal injuries that I, said child/ward may receive as a result of such participation. I/we hereby agree(s) to waive all claims against Amario's Art Academy, its employees, administrators and agents. I or my child will not disrupt classroom operations. This application and class may be revoked or canceled for any reason and without notice. This class may not be transferred or assigned and is limited to 1 visit, 1 time and 1 person. The Academy's staff and agents may cancel, modify or change any part of this agreement without notice. Subject to availability, seating and schedule. We do not share your personal information. For more information on our privacy policy please visit our website at [www.amariosartacademy.com](http://www.amariosartacademy.com).

**PHOTO RELEASE:** By signing below, I give permission to Amario's Art Academy for the Gifted and Talented and it's authorized agents to use my name and photographic likeness for purposes of documentation and marketing of program activities in newsletters, brochures and other publications and media.

**MEDICAL CONSENT:** I understand that there are some risks inherent in the activities that are included in the Program, but willingly assume these risks in order to allow me, my child/ward to participate and I give permission for any emergency medical care or treatment by a physician, surgeon, hospital, nurse, doctor's assistant, or medical care facility that may be required.

I agree and accept to be bound to all of the terms agreements and arrangements contained herein.

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_