

GRADES K-12 FORM

Release from Liability

If my child, _____, should become ill or injured during class at The Jacey Gallery, I understand that The Jacey Gallery will contact me immediately or the person that I have designated on the registration form if I cannot be reached. If neither party can be reached, The Jacey Gallery will contact the child's physician or arrange for immediate emergency treatment necessary to ensure the health and safety of my child.

I understand and acknowledge that I release The Jacey Gallery and its staff from all liability for any loss or damage whether on or off the premises. I understand that this release includes any claims based on negligence, action or inaction of The Jacey Gallery, its staff or class members. I have read this form and agree to grant my child permission to participate in class activities at The Jacey Gallery located at 2821 N. Parham Road Suite 103, Richmond, VA 23294, with Release from Liability.

Signature: _____ Today's Date: _____

Payment Agreement

I understand and agree that the payment of \$25 for each one hour class in the after school program, the payment of \$35 for each private one hour class or the payment of \$50 for each private 1.5 hour class is due prior to the start of each day of attendance at The Jacey Gallery. I understand and agree that the one time, non-refundable, supply fee for start up materials provided by The Jacey Gallery is due prior to the first day of class attendance for each session.

I understand and agree that The Jacey Gallery reserves the right to restrict, deny and terminate attendance of any individual for any reason.

Signature: _____ Today's Date: _____

ADULT FORM

Release from Liability

If I should become ill or injured during class at The Jacey Gallery, I understand that The Jacey Gallery will immediately contact the person designated on the registration form. If this party cannot be reached, The Jacey Gallery will arrange for immediate emergency treatment necessary to ensure my health and safety.

I understand and acknowledge that I release The Jacey Gallery and its staff from all liability for any loss or damage whether on or off the premises. I understand that this release includes any claims based on negligence, action or inaction of The Jacey Gallery, its staff or class members. I have read this form and agree to participate in class activities at The Jacey Gallery located at 2821 N. Parham Road Suite 103, Richmond, VA 23294, with Release from Liability.

Signature: _____ Today's Date: _____

Payment Agreement

I understand and agree that the payment of \$25 for each one-hour class, the payment of \$35 for each private one-hour class or the payment of \$50 for each private 1.5 hour class is due prior to the start of each day of attendance at The Jacey Gallery.

I understand and agree that The Jacey Gallery reserves the right to restrict, deny and terminate attendance of any individual for any reason.

Signature: _____ Today's Date: _____