

## Student Details

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

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

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

**Parent or Guardian** (Used in case of emergency, this information must be provided before children can participate in a class.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Address \_\_\_\_\_

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

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

**Alternative Contact** (Please give the name of a friend or relative who can be contacted in case of emergency.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Address \_\_\_\_\_

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

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**Physician Name** \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

In the event of an emergency and if I or my emergency contacts cannot be reached, I give Firework Studio permission to authorize any medical treatment deemed necessary by the attending physician.

## Waiver of Liability

I (your name) \_\_\_\_\_ am participating in a Glass Art Making Class and I hereby waive and release any claims I may have, now or in the future, against Kristin duCharme and Firework Studio and their employees, assistants and agents arising from injuries to myself or damages to my property, sustained while I am (1) at the Studio facilities, (2) participating in art making activities regardless of whether such injuries or property damage is caused in whole or in part by Firework Studio's active or passive negligence.

In the event of an injury to myself, I hereby give Firework Studio permission to arrange my transportation to a medical facility, and/or provide me with emergency treatment or first aid. I understand that Firework Studio does not assume any responsibility to take any of these actions.

This waiver and release shall be valid for the duration of the sessions in which I am enrolled. I have carefully read this waiver and release and agree to the terms stated. I certify that I am over the age of 18 and that I am the person whose name is listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Workshop / Class Date** \_\_\_\_\_ Tuition \$ \_\_\_\_\_ Method of Payment \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Name on the Card: \_\_\_\_\_

Card Type:  MasterCard  Visa  American Express Expiration Date \_\_\_\_\_ Total \$ \_\_\_\_\_

Billing Address *if different than above*: \_\_\_\_\_

Authorization Signature \_\_\_\_\_

Please send form with check or credit card information to: **Firework Studio**  
P.O Box 66215  
Los Angeles, California 90066