

# THE COLOR WHEEL ON KIRKWOOD



# Draw Like Crazy Registration Form

student name

*preferred* \_\_\_\_\_

*first* \_\_\_\_\_

*last* \_\_\_\_\_

birthdate \_\_\_\_\_

phone \_\_\_\_\_

address

street \_\_\_\_\_

city \_\_\_\_\_

state \_\_\_\_\_

zip \_\_\_\_\_

e-mail \_\_\_\_\_

**1 session = \*6 classes, 75 minutes each  
@ \$156 total, price includes materials.**

Instruction is tailored to individual goals.

Schedule is developed to meet individual needs.

\* Sessions are typically six classes, a good amount of instruction to give you a foundation on which to build your efforts. If you would like to modify this schedule to meet your specific drawing development needs please contact us to discuss price, schedule and your goals.

Total Due \$ \_\_\_\_\_

**Payment must be received at time of registration.**

**Payment** can be made with cash or check, payable to *The Color Wheel on Kirkwood*. Regrettably, we are not able to process credit/debit cards at this time.

**Refund Policy** - If a cancellation is necessary, a refund can be made up until seven days before a session begins. Please phone or write to notify us of the necessity. No refunds or credits can be given past such date, with the exception of a documented medical emergency.

## If student is under age 18:

legal guardian(s)

*first* \_\_\_\_\_

*last* \_\_\_\_\_

*phone* \_\_\_\_\_

*e-mail* \_\_\_\_\_

*address* \_\_\_\_\_

*first* \_\_\_\_\_

*last* \_\_\_\_\_

*phone* \_\_\_\_\_

*e-mail* \_\_\_\_\_

*address* \_\_\_\_\_

Other person(s) authorized to pick up registered child

*name* \_\_\_\_\_

*name* \_\_\_\_\_

*name* \_\_\_\_\_

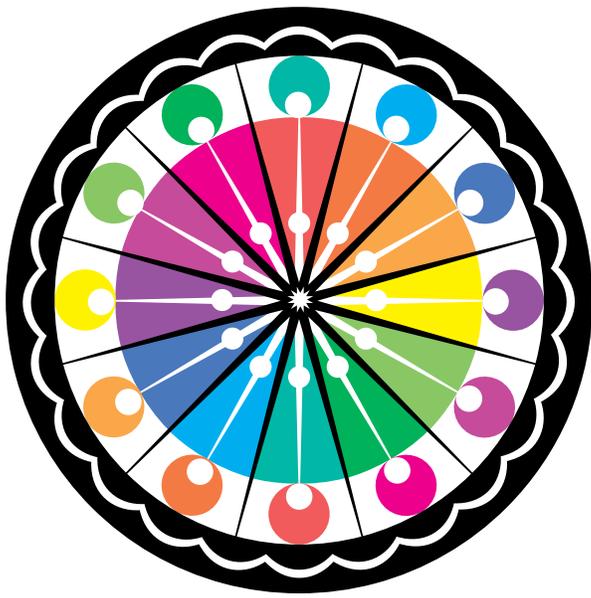
To the best of my knowledge, the accompanying information is complete and accurate. In case I/my child is injured, I authorize the instructors of *The Color Wheel on Kirkwood* to take the necessary actions to save my/my child's life. Additionally, I agree to comply with the practices of *The Color Wheel on Kirkwood*. It is understood that costs incurred in the collection of a delinquent account, including collection and attorney fees, shall be added to the balance of the delinquent account. It is also understood that lack of payment may result in being withdrawn from this session and/or prohibited from registering for subsequent sessions.

I have read and understand this agreement.

\_\_\_\_\_  
Signature of student  
(legal Guardian if under age 18)

\_\_\_\_\_  
Date

**Please read and sign side two to complete registration.**



**THE COLOR WHEEL ON KIRKWOOD**

812 West Kirkwood Avenue  
Bloomington Indiana 47404

hooray@thecolorwheelonkirkwood.com  
812•320•9157

In preparation for your first class, it is helpful to know what you hope to accomplish in your drawing session at **The Color Wheel on Kirkwood**. Please write a brief description of your goals.

Perhaps you are a beginner seeking guidance at the start of your practice, or are experienced but seeking help in a specific area such as shading or perspective, or maybe you paint and want to improve drawing skills to enhance your painting efforts, or you are enrolling for the fun of it...there are a multitude of motivations for drawing instruction. Your notes here will help us prepare for your personalized experience at **The Color Wheel on Kirkwood**.

\_\_\_\_\_

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\_\_\_\_\_

**Waiver Statement**

*(must be signed to participate)*

In consideration of permission to use the property, facilities and services of *the Color Wheel on Kirkwood* ("Color Wheel"), such use including, but not limited to, use of Color Wheel facilities or equipment, participation in Color Wheel programs or activities, and observation of any of the foregoing, I do hereby agree:

**1. Release and Waiver of Liability**

For myself and my heirs, assigns, personal representatives, executors and administrators, to waive, release, and forever discharge Color Wheel and its respective directors, officers, employees, representatives and members (the 'Releasees') from liability for any loss or damage and from any rights, claims or demands therefore which I have or which may hereafter accrue to me arising out of injury to my person or my property incurred in connection with my use of the property, facilities or services of the Color Wheel, whether such damages are caused by the negligence of the Releasees or otherwise.

**2. Assumption of Risk**

That I bear sole risk of injury resulting from my use of the property, facilities and services of the Color Wheel and hereby assume full responsibility for a rise of any bodily injury, death or property damage arising from such use, whether caused by the negligence of the Releasees or otherwise.

**3. Indemnification**

To indemnify and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur in connection with my use of the property, facilities and services of the Color Wheel, whether caused by the negligence of the Releasees or otherwise.

**Audio-Visual Waiver**

I understand that I/my child may be photographed or videotaped during my/his/her participation in this activity, and consent to the reproduction of such photos or videos for documentation, advertising and publicity purposes.

I have read this release and understand all of its terms.  
I sign it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Signature of student  
*(or legal Guardian if under age 18)*

\_\_\_\_\_  
Date

*The above signed applicant is representing all of the above stated participants on this form. It is the applicant's sole responsibility to relay this information to them.*

Thank you for registering for a drawing session at **The Color Wheel on Kirkwood**. We look forward to drawing with you!