

2020 FALL AFTERNOON ART



Newberry Arts Center

ONLY ONE CHILD PER REGISTRATION FORM PLEASE

Participant Name: _____ Participant Age: _____

Parent/Guardian: _____

PRIMARY PHONE: _____ Other phone: _____

Street Address _____ City _____ Zip _____

E-mail address: _____

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE:

DEADLINE TO REGISTER: September 8, 2020 or until class is full

AFTERNOON ART WITH MS. KATIE AND MS. MEGAN

✓	Class	Dates	Time	Day	Cost
	Ages 5-7	September 15-October 20	4:00pm – 6:00pm	Tuesdays	\$110.00*
	Ages 8-12	September 17-October 22	4:00pm – 6:00pm	Thursdays	\$110.00*

Due to social distancing, class is limited to 10 participants and we cannot hold a spot without payment.

All participants must wear masks

Return completed forms with your payment to:

- IN PERSON: Newberry Arts Center- 1200 Main Street (Hours are Tues-Fri from 10AM-5PM)
You may pay by card, check or cash at this location
 - BY MAIL: City of Newberry PRT, PO BOX 538, Newberry, SC 29108
- BY PHONE WITH CREDIT CARD: 803-597-1125 (MUST MAIL OR EMAIL SIGNED AND DATED REGISTRATION FORM AND WAIVER)

***City Residents receive a \$10.00 discount with City of Newberry Utility bill as proof of residency.**

MULTI-CHILD DISCOUNT: Must sign up more than one child at a time to receive discount

- ___ 1st child full price
- ___ 2nd child \$10.00 off
- ___ 3rd child and up \$15.00 off

.....
- OFFICE USE ONLY-

AMOUNT PAID: \$ _____

CASH CHECK# _____

CREDIT CARD

Received By: _____

Make Checks Payable to City of Newberry

GIFT CERTIFICATE

WAIVER OF LIABILITY/MEDIA RELEASE – NEWBERRY ARTS CENTER

As parent and/or legal guardian of the minor child, I understand that the registration and fee, if applicable, for this program does not include the cost of insurance. **I AGREE to INDEMNIFY and HOLD HARMLESS** the City of Newberry, employees, volunteers, officials, agents, assigns and related affiliates for this event/program/activity (herein referred to as ‘event’) from any and all claims, demands, lawsuits, costs and attorney’s fees arising out of participation in this event. **I understand and acknowledge** that I have access to event location with right and obligation to inspect prior to each event and agree for the minor child to participate in the ‘as is’ condition. If I find a hazard or identify that area is unsafe, I have the right to choose for my child not to participate.

I, **further acknowledge** that the environment regarding COVID-19 is continuing to evolve. As a result, I **fully understand** that facility inspections and my own participation will be restricted in the interest of public health and until further notice. I **agree** to comply with these restrictions and to schedule mutually agreeable time/s to inspect the facility in order to limit direct contact between parents, staff and participants. I further understand that while I am not allowed into the building during events, when feasible, virtual visits may be scheduled.

In addition, I **agree to release** the City of Newberry and affiliates of this event from liability resulting from illness such as communicable diseases including COVID-19. Furthermore, I **agree that my child will NOT participate** in any event if he/she is sick. I understand that if my child or any family member in the home is experiencing a cough, fever, shortness of breath or flu-like symptoms, my child will refrain from participation until a medical provider release can be obtained and submitted to the NAC management before participation may resume. I **further understand and agree** that participants assume a known risk when deciding to attend or participate in a public event and do so at their own risk. **I agree that I have been advised** to follow CDC and SC DHEC guidelines to protect my child’s personal health and to practice personal discipline in taking precautions against transmissions of communicable diseases.

I **agree and consent** that photos of my child's participation in this program may be used by The City of Newberry in promotional materials without compensation and without additional approval. **By signing below or via electronic signature below, I hereby affirm that I have read and fully understand the aforementioned and that I agree to the terms and conditions of this Waiver of Liability/Media Release.**

_____	AFTERNOON ART WITH MS. KATIE AND MS. MEGAN
Name of Child/Participant (Print)	Name of Event (print)
_____	_____
Parent or Legal Guardian Name Authorizing Release (Print)	Date of Event for Release of Liability
_____	_____
Parent or Legal Guardian Signature	Date Signed
_____	_____
NAC Representative Signature	Date Signed