

# REGISTRATION for PORTFOLIO PREP WORKSHOP 2019

VERY IMPORTANT: PLEASE PRINT CLEARLY

Student name: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Student cell no.: \_\_\_\_\_

If you are a minor, parent name and cell no.: \_\_\_\_\_

If under 18, age in March 2019: \_\_\_\_\_ Grade 2018/19 school year: \_\_\_\_\_ or year of high school graduation: \_\_\_\_\_

School attending: \_\_\_\_\_ Student gender: \_\_\_\_\_

## I / MY CHILD WILL ATTEND THE FOLLOWING WORKSHOP(S):

### Session One: Black & White, Tuesday from 3:30 to 5:30 pm

☐ March 5, 12, 19, 26, April 2, 9, 2019, @ \$280

### Session Two: Color, Tuesday from 3:30 to 5:30 pm

☐ April 23, 30, May 7, 14, 28, and June 4, 2019 @ \$280

☐ **Attend both sessions for \$520** (save \$40 if you sign up for both sessions before March 1, 2019)

☐ Check enclosed (Please make payable to Fresno Art Museum) ☐ Cash

Charge my Credit Card \$ \_\_\_\_\_ ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Card no: \_\_\_\_\_ Exp: \_\_\_\_\_

Billing zip code: \_\_\_\_\_ CVV code: \_\_\_\_\_ (3 digits)

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

**It is important to know which art schools/colleges you are interested in applying to so that those schools' portfolio requirements may be obtained in advance of this workshop. Please list any and all art schools/colleges you are interested in applying to and if you have a copy of their portfolio requirements :**

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**Please list any formal training in the visual arts you have had (schools, classes, private lessons, etc.). If you are totally self-taught, that's okay, too. Please indicate that.**

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### WE WOULD LIKE TO KNOW...

How did you hear about our art workshops?

- ☐ Friend referral
- ☐ Direct email
- ☐ FAM website
- ☐ Your teacher or guidance counselor
- ☐ Facebook
- ☐ Other student
- ☐ Other

\_\_\_\_\_

Please complete and sign back of this form.

## EMERGENCY INFO / REFUND POLICY / WAIVERS & RELEASES

PLEASE PRINT CLEARLY

Emergency Contact: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone No(s). \_\_\_\_\_

Doctor/Medical Group \_\_\_\_\_ Phone No. \_\_\_\_\_

Are there medical issues or allergies we should know about? ☐ No ☐ Yes (if yes, please describe):

\_\_\_\_\_

Should our Museum staff be aware of anything else?

\_\_\_\_\_

I understand that no tuition refunds will be made within one week prior to the start of class and your payment will be considered a tax-deductible donation to the Museum. If the workshop is cancelled by FAM for any reason, all fees paid in advance will be refunded. There is no refund for workshop sessions missed by the student. FAM also has the right to offer make-up classes if unforeseen circumstances require the canceling of any sessions. If any cancellation by FAM is necessary, every attempt will be made to give prior notice. FAM has the right to substitute the instructor with an equally skilled instructor, if necessary.

### WAIVERS AND RELEASES

I hereby waive all claims for injury, damage, or loss and property during participation in the workshops at the Fresno Art Museum (FAM). I release FAM, its agents, employees, instructors and volunteers from any claims or liability, damage or loss which may be caused by or arise from any act or omission by FAM, its agents, employees, directors, instructors, and volunteers while participating in said program.

Sometimes Museum staff or members of the media may take photographs or videos of events at the Museum, including workshops. Although there is no guarantee that we will use them, **please check here ☐ if we DO NOT** have your permission for the Fresno Art Museum, its representatives, and employees to film or take photographs of your artwork, you, or your minor child, or his/her artwork. If the above box remains unchecked, the Fresno Art Museum is granted the limited right, royalty free, to use and publish the same for any lawful purpose, including publicity, advertising, and web content. Copyright in any of the art remains with the artist, and the artist will be given credit when possible.

I hereby authorize the staff of FAM to act for me if a life-saving action must be taken immediately, according to their best judgment, in any emergency requiring medical attention for me or my minor child. I understand that for a minor child, every effort will be made to contact the parent or guardian first.

I understand that disruptive, violent, or otherwise inappropriate behavior will not be tolerated by the FAM staff and that any student may be sent home if such behavior occurs at any time, without refund.

I understand that students will have the opportunity to draw from professional models that come in many shapes, sizes, and ages but some may be unclothed for life drawing session(s).

If student is under 18, only release my child to the following people: \_\_\_\_\_

\_\_\_\_\_

OR ☐ Student is under 18 but has my permission to drive him/herself home or takes public transportation home after class ends.

I understand and agree to all of the above.

Signature of student OR if under 18, signature of parent/legal guardian of minor \_\_\_\_\_

Date \_\_\_\_\_

### Return completed form to:

Fresno Art Museum

2233 N. First Street

Fresno, CA 93703

Fax: 559.441.4227

Susan@fresnoartmuseum.org