## **REGISTRATION FOR ELIO CAMACHO PAINTING WORKSHOP, 10/26/19**

VERY IMPORTANT: PLEASE PRINT CLEARLY

Street address:	City:	Zip:
Email:	Cell no.:	
☐ I AM A MUSEUM MEMBER (\$95 ☐ I AM NOT A MUSEUM MEMBE ☐ Check enclosed (Please mal Charge my Credit Card \$		WE WOULD LIKE TO KNOW How did you hear about our workshop?  Discover
	Exp:	☐ Flyer at other venue (please
Billing zip code:	CVV code: (3 digits)	☐ Friend referral ☐ Direct email ☐ FAM website
		Other
EMERGENO	CY INFO / REFUND POLICY / WAIVERS & RE	ELEASES
mergency Contact:	Relationship to Attende	ee:
	Phone No.:	
	medical issues? If yes, please describe below	
donation to the Museum. If the workshop	e made after October 18, 2019 and your payment w is cancelled by FAM for any reason, all fees paid in foreseen circumstances requires the canceling of t ade to give prior notice.	advance will be refunded. FAM also
	WAIVERS AND RELEASES	
FAM). I release FAM, its agents, employee	e, or loss and property during participation in the wes, instructors, and volunteers from any claims or linds by FAM, its agents, employees, directors, instruct	ability, damage, or loss which may be
ncluding workshops. Although there is no permission to film or take photographs of Art Museum are granted the limited right,	or members of the media may take photographs or guarantee that we will use them, please check he your artwork or you. If the above box remains unc royalty free, to use and publish the same for any la a any of the art remains with the artist, and the artis	re ☐ if we DO NOT have your hecked, Elio Camacho and the Fresno wful purpose, including publicity,
hereby authorize the staff of FAM to act fudgment, in any emergency requiring med	for me if a life-saving action must be taken immedidical attention for me.	ately, according to their best
ignature of student		Date Date