



To register for a class, please print and mail completed form along with the liability release form below signed by you and your parent.

Triton Museum of Art
1505 Warburton Avenue
Santa Clara, CA 95050

For more information,
call (408) 247-9340

Workshop/Class Title: Teen Studio Sculpture with Al Preciado

Workshop/Class Date(s): Sat., May 19, 2012, 10:00 a.m to 4:00 p.m.

Student Information:

Name: _____

High School: _____

If student is a minor, please provide

Age of student: _____ Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ E-mail: _____

Emergency Contact Information:

Name: _____ Telephone: _____

Please come with clothes that you can paint in and a snack. Please feel free to bring any brushes that you would like to use, however, we will be providing all the supplies you will need.



TRITON

MUSEUM OF ART

Release of Liability & Assumption of Risk Agreement and Photo Release Policy

In CONSIDERATION of the acceptance of the application for entry into the Triton Museum of Art TeenStudio Program, I hereby waive, release and discharge any and all claims for damages for death or personal injury, which I may have, or which may hereafter accrue to me as a result of my participation in TeenStudio. This release is intended to discharge in advance the City of Santa Clara, City Council, its officers, agents and employees and the Triton Museum of Art and its employees from and against any and all liability arising out of or connected with my participation in said class, even though that liability may arise out of negligence and carelessness on the part of the persons or entities mentioned above.

It is the policy of the Triton Museum of Art to take photographs of students and/or artwork for possible use in our publications and exhibits and for funding, development, and public relations purposes. No compensation is provided to the individual/s that appear in the photographs or for artwork used. Please indicate your acceptance of this policy by signing in the space provided below.

I have fully read this agreement and fully understand its content.

Date: _____

Parent/ Guardian Signature: _____

Print Student's Name: _____

Student's Signature: _____