

## Taylor University Art Lessons Application/Spring 2018



Taylor is offering private art lessons for students in grades K- 12. Taylor Art & Art Education majors will teach the lessons which will be held in the Metcalf building.

Each lesson is 1-hour and there are 10 lessons per semester. Lessons begin the first full week in February through the second week in May. (No lessons during Taylor’s Spring Break.) The student teachers will contact families to set up a specific lesson day/time.

Lesson fees for 10 lessons are \$110 per semester for 1-2 children and \$160 for 3-4 children.

\* Payment is due in full on the first day of lessons. Please make checks out to Taylor University and drop off to Cindy or Kim in the art office. Cost of art supplies is included in this fee.

Please fill out **this form** and the emergency information on the other side and return by e-mail to [cindy\\_reishus@taylor.edu](mailto:cindy_reishus@taylor.edu) or to the art office in Metcalf. We look forward to working with your aspiring artist!

Parent or Guardian’s Name:		
Child’s Name:	Age:	Grade:
Child’s Name:	Age:	Grade:
Child’s Name:	Age:	Grade:
Address:		
Telephone (Home):	(Cell):	
Parent’s Email Address:		
Person to Contact in Case of Emergency:		
Does your child have any allergies or special needs?    Yes            No		
If yes, please describe:		
Is there a specific media that you would like your student(s) to work in?		
<i>*Wheel Throwing classes are limited to 2 students ages 10 and over per teacher. A student who is qualified to use the ceramics must teach these classes, therefore, spaces may be limited.</i>		

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## Emergency Medical Release

This form must be completed and signed in all areas by participant/parent or guardian prior to participation. By signing this form the participant/parent affirms having read it. A copy must be on site during activity.

Participant's name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Participant's name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Participant's name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Emergency Information

Father's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_\_  
In an emergency when parent/guardian cannot be reached, please contact the following:  
Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_\_  
Allergies/Medical Conditions \_\_\_\_\_  
Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Primary Ins. Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Waiver: Participant agrees to release the university, its officers, trustees, employees, agents, and related parties (hereinafter, "Taylor") from any and all liability for any loss, injury, or damage, including, without limitation, any claim for personal injuries resulting from or arising out of the negligence of Taylor, and except those caused by gross negligence or reckless, willful, wanton misconduct on the part of Taylor, which may be sustained by client or any of clients guests or participant as a result of or directly or indirectly related to clients guest or participants use of university buildings, facilities, premises, or campus. Client further agrees to waive any such claim of liability. Client further agrees to indemnify Taylor, and hold Taylor harmless from and against any and all claims if client is solely negligent by any person as a result of or directly or indirectly related to clients or any of clients guest or participants use of university buildings, facilities, premises, or campus, up to the limitations of the insurance provided herein.

Except for claims caused by gross negligence or reckless, willful, wanton misconduct on the part of Taylor University, client agrees that any claim it may have against the university arising from any alleged breach of this agreement shall be limited to and in no event exceed sums actually paid by client to the university.

Without limiting any of the foregoing, client hereby waives any claims for consequential or incidental damages.

I assume all the foregoing risk and accept personal responsibility and hereby grant my permission and accept all financial responsibility for any and all medical attention necessary to be administered to me or my child/ward, in the event of an accident, injury, sickness, etc.

\*Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian signature is required if participant is under the age of 18)

\*Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Participant's signature is required if participant is 18 years or age or older)