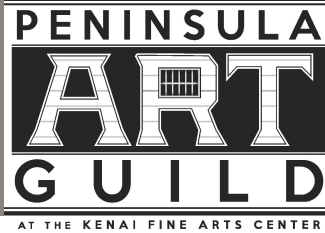


WORKSHOP  
REGISTRATION  
RELEASE FORM



816 Cook Avenue  
P.O. Box 703  
Kenai, AK 99611  
907-283-7040  
[ourkfac@gmail.com](mailto:ourkfac@gmail.com)

Workshop Title \_\_\_\_\_ Instructor \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Workshop Fee \_\_\_\_\_ Materials Fee \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Name Printed \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State Zip \_\_\_\_\_

How did you hear about this workshop? \_\_\_\_\_

**Payment for Workshop:** Payment may be cash or check. Registration due by March 8th, 2019. If the workshop enrollment does not meet the minimum requirement collected, fees will be returned. Maximum enrollment is (15). If registration exceeds 15, the workshop will be limited to the first paid students. Checks or cash may be paid in person at the Kenai Fine Arts Center, Hours: Wednesday – Saturday, 12 - 5pm. Participants provide their own supplies. Odorless spirits supplied. Student supply list available at KFAC or on the web site, [www.kenaifineart.com](http://www.kenaifineart.com)

**Withdrawal/Refunds/Cancellations:** Cancellations must be given in advance of the workshop date. Workshop fee will be returned to students who cancel.

The **Release/Waiver Form** must be completed prior to workshop participation. Your signature on this form, indicates you have read the document and agree to the conditions.

**I agree to participate in activities with the Kenai Fine Arts Center (KFAC) including –Alla Prima Workshop March 9, 2019 and other similar and related activities. In consideration for participation in these activities, I release and waive any claim against KFAC or The City of Kenai, for any liability or responsibility for any accident, damage, injury, death or illness which I may incur or which may result during KFAC activities. I also understand and agree that KFAC and/or any staff will not be responsible for any lost, stolen or damaged property that may result from such participation.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use			
Cash _____	Check # _____	CC# _____ exp. _____	
Date Received _____	Initials _____	KFAC Member _____	Non-Member _____