



P.O. Box725, Scottsville, VA 24590 ~ www.scottsvillecenter.org~434.286.2806

Class/Workshop Registration Form

Class/Workshop: _____

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

If under 18: _____ Date: _____
(parent/guardian signature)

Release Form

Please read and sign the following:

I understand that in the event that classes are not attended due to prolonged injury or illness, I will inform Scottsville Center for Arts and Nature (SCAN) if such a condition exists. Furthermore, I understand that a refund will be made ONLY on the basis of a medical reason due to physical injury that prohibits class/workshop participation. A doctor's certificate may be required. Refunds will be made on a pro rata basis from the date of notification.

(parent/guardian signature) (date)

I grant myself or my child permission to participate in SCAN's programs. I hereby release and discharge Scottsville Center for Arts and Nature, LLC, its agents, employees and officers from all claims, demands, actions, judgments, and executions which the undersigned designated heirs, executors, administrators or assigns may have or claim to have against the Scottsville Center for Arts and Nature, LLC, its successors or assigns for all personal injuries caused by, or arising from the above described activities related thereto.

Release/Authorization made by (Parent/Guardian) _____, on (Date) _____

for (Student or Student's Name) _____

OFFICE USE ONLY

Check # _____ Amount _____ Cash _____ DATE RECEIVED: _____