

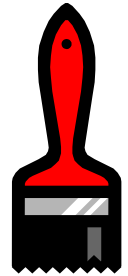
# Art Classes

## Early Registration



**Tuesday, March 30**  
**9 ~ 10:30 a.m.**

**Location: Senior Center Boardroom**



Early registration for Session III courses only!

- Must pay in full at the time of registration.
- Make checks payable to the City of Tustin.
- Registration is for Session III courses only.
- Refunds will not be issued after the first day of class.
- May register the first day of class if space is available.
- Students must furnish their own supplies. List is available at the front desk.
- Separate checks must be written for each class.
- Will not accept registration forms and/or payment via mail. Must sign-up in person!

### Art Class Schedule

**Introduction to Drawing and Painting      Mondays 1-3:30 p.m., Room 2/Craft Room**

This class introduces the student to drawing and painting tools and techniques, using graphite, conte crayon, charcoal, pen & ink, colored pencil, and watercolor. Independent Study allowed.

**\* Limit to 30 students**

**Instructor: Erika Brown**

**10-Week Class      Fee: \$50 per session      Payable upon registration**

**Session III: May 3 - July 19, 2010 (Holiday May 31 and July 5)**

**Watercolor Painting      Tuesdays 1-3:30 p.m., Multipurpose Room**

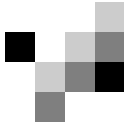
This class combines instructions in color theory, technique and composition with development of personal style and creativity. Open to all levels, including Independent Study allowed.

**\* Limit to 34 students**

**Instructor: Erika Brown**

**12-Week Class      Fee: \$60 per session      Payable upon registration**

**Session III: May 4 - July 20, 2010**



# Art Class Registration Form

Tustin Area Senior Center  
200 South C Street  
Tustin, CA 92780

Phone: 714.573.3340

Fax: 714.544.7334

www.tustinca.org



Last Name	First Name
Date of Birth	(Circle One)      Male      Female
Street Address	City/State/Zip Code
Home Phone Number (      )	Work/Cell (      )
Email	

Session #	Session Dates	Course Description	Instructor	Amount
				Total

<b>Staff Use Only</b>			
Circle Payment Method	Cash	Check # _____	Staff Initials _____ Date _____

**\*\*\*Students, please complete the Liability Form on the back of this form\*\*\***

Customer Receipt - (To Be Completed by Staff Only)

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

You are now registered for the following Art Class(es), which take place at the Tustin Area Senior Center.  
200 South C Street, Tustin, CA 92780    Phone: (714) 573-3340

Session #	Session Dates	Time	Course Description	Instructor	Class Room #	Amount

**Students must furnish their own supplies. Refunds will NOT be issued after the first day of class, NO EXCEPTIONS!**

# TUSTIN AREA SENIOR CENTER ASSUMPTION OF RISK AND LIABILITY

I, the undersigned, acknowledge that in consideration of my involvement in \_\_\_\_\_  
(herein referred to as "the Activity"), that I, for myself, my personal representatives, heirs, next of kin, spouse and assigns, do hereby:

1. **RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF TUSTIN, ITS EMPLOYEES, OFFICERS, COUNCILMEMBERS AND AGENTS** (hereinafter collectively as the "the City") for and from any and all claims and liability arising out of strict liability, dangerous condition of public property and/or ordinary negligence which may cause injury, death, damages or property damage to myself. I hereby agree to indemnify and hold the City harmless for and from any claim, judgment or expense the City may incur which may arise out of my participation in the Activity.
2. Acknowledge that the Activity is inherently dangerous and that I participate at my own risk. I further understand that the Activity contains risks of minor injuries, serious injuries and even death, and that other participants in the Activity pose a danger to me. Nevertheless, **I VOLUNTARILY ELECT TO ACCEPT ALL RISKS** connected with my participation in the activity.



\_\_\_\_\_ (Initials)

3. Acknowledge that no oral representations or inducements have been made to me to sign this Agreement. If any portion of this Agreement is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect.
4. Agree that this Agreement shall apply to any incident, accident, injury or death occurring during my participation in the activity.

**I HAVE READ THIS DOCUMENT. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS.**



\_\_\_\_\_ (Initials)

This agreement is intended to be binding on myself, my heirs, personal representatives, next of kin, spouse and assigns.

**I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS.**



**Dated:** \_\_\_\_\_

**Applicants Name (Print)** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_