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Richmond Hill Group of Artists Course Registration Form

Name: _____ Date: _____
 Address: _____
 City: _____
 Postal Code: _____
 Telephone Number: Home: _____ Cell: _____
 Email Address: _____

ADULT COURSE

Instructor: _____ Course: _____
 Starting Date: _____ # weeks (_____) Time: _____
 Course Fee (Payable to RHGA): Cheque # _____ Cheque _____ Cash _____ Credit/Debit _____
 Material Fee (Payable to Instructor): _____
 Drop in Fee (Payable to RHGA): _____

CHILDREN'S COURSE

Child's Name: _____ Allergies: _____
 Instructor: _____
 Starting Date: _____ # weeks (_____) Time: _____
 Course Fee (Payable to RHGA): Cheque # _____ Cheque _____ Cash _____ Credit/Debit _____
 Material Fee (Payable to Instructor): _____ Brush fee _____

Agreement and Waiver

I, for myself, my heirs, executors, estate trustees, administrators, successors and assigns, waive any claims to which I may become entitled for injury or damage, and hereby release RHGA and all their representatives, agents, instructors and directors and any other persons assisting in providing the Programs, from any claims for damages or injury suffered by me as a result of my participation in the Programs. Programs and offerings, such as courses opportunities may be subject to change as needed by RHGA.

I also hereby give my permission for the free use of my name, image and artwork in any broadcast, telecast, website, newsletter, newspaper, media or other form of publicity. I have carefully read and understand the terms of my enrollment in the RHGA courses.

Date: _____ Signature: _____