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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 \_\_\_\_\_

**\*Please note\* - The Mill Pond Gallery is NOT a nut-free facility**

### 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: \_\_\_\_\_