



RHGA
 314 Mill Street
 Richmond Hill, ON, L4C 4B5
 905 770-7449
rhgaexec@gmail.com

Course Registration Form

Name _____ Date _____

Address _____

City _____ Postal Code _____

Telephone Number _____ Cell _____

Email Address _____

Adult Course

Instructor _____ Course _____

Starting Date/Time _____ # of weeks _____

Children's Course

Name _____ Allergies _____

Instructor _____

Starting Date/Time _____ #of weeks _____

Course Fee _____ Material Fee _____ Drop In Fee _____

Method of Payment – CASH CHEQUE E-TRANSFER DEBIT/CREDIT

Waiver and Release

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 exhibition 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.

The Mill Pond Gallery is NOT a nut free facility

Signature (Parent Signature for children under 18)

Date