



Kaiwa Art and Play Space Registration and Policies

Please submit this completed form with tuition payment to secure your space in Kaiwa's classes, camps, or workshops. Mail with cash or check to 185 Walnut Ave., Santa Cruz, CA. Or email PDF to info@kaiwaspace.org. Credit card payments can also be processed over the phone at 831-316-0918, at the studio, or online if requested, with a small surcharge.

Some of Kaiwa's Policies:

1. Please be prompt in dropping off or picking up your students.
2. Payments must be made in advance. A refund will be given in the event of a program cancellation.
3. Help make Kaiwa a fun and safe place to create by following our community rules!

Waiver and Release:

As the legal Parent/Guardian, I give my permission/consent for my child to participate in the art camps/classes/workshops of Keara Connor dba Kaiwa Art and Play Space (hereafter referred to as Kaiwa), under the following terms:

1. **Agreement for child to follow Kaiwa's directions and community rules.**
2. **Assumption of the risks and release.** I assume full responsibility for personal injury to myself and my family members, and further release and discharge Kaiwa for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Kaiwa, whether caused by the fault of myself, my family, Kaiwa or other third parties.
3. **Indemnification.** I agree to indemnify and defend Kaiwa against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Kaiwa.
4. **Medical Authorization.** In the event of an emergency, all attempts will be made to notify me or the emergency contact listed as soon as the health of my child permits. In the event of an emergency to the minor listed during the above described activities, I give my permission to Kaiwa to arrange for all necessary medical treatment for which I shall be financially responsible.
5. **Media Consent.** I understand that my child may be photographed for publicity purposes (including on the internet). I give Kaiwa the right to use pictures, photographs, video, film, and audio recording for lawful purposes and I waive my right to inspect or approve the finished version(s). Check here if you do not want your child's image to be used _____

Agreement of Refund Policy, Rules, Waiver & Release and Additional Fine Print:

Name: _____ Date: _____ Signature: _____

Student's Name: _____ Age: _____ DOB: _____

Program Name, Time, and Dates: _____

Tuition: \$ _____ Enclosed: \$ _____

Guardian/Parent: _____

Address _____

Phone _____

Email _____

Emergency Contact _____

Special Needs _____

Behavior or Social Challenges _____

Allergies _____

Experience of child with art _____

Interests of child _____

Please tell us more information on programs and offerings you would like to see in the future at Kaiwa Art and Play Space!

