

KI Art Sign-up Sheet

Artist's Name: _____ Date of Birth: _____

School Attending: _____ Grade: ____ Home Phone: _____

Parent's Name: _____ Work Phone: _____

Home Address: _____ E-mail Address: _____

Gender: ____ Skill Level of Artist (Circle): A-Talented, B-Average, C- Less Experienced

Cost: The cost for the session is \$107. The cost for a second family member is \$10 less. e.g. \$97 for the second child, \$87 for the third child, etc. This covers all expenses for each artist including studio space, numerous grades of pencils, erasers, drawing paper, a drawing board and all other materials necessary to take part in the drawing sessions. Please send this filled-out form and a check (made out to "Know Idea") to KI Art, 10609 Woodsdale Drive, Silver Spring, MD 20901. There are a limited number of "artist slots" and all artists are placed in the class on a first-come-first-serve basis. As a consequence, your submission of this form with check does not guarantee the placement of your child in the class. If the class has reached its capacity and we are unable to place your child on a team, your registration fee will be returned in full. Sign-ups received after the sign-up deadline may receive abbreviated art materials.

Parental Consent and Waiver of Liability: I, parent/guardian of the registrant, recognize the possibility of physical injury associated with participation in an art program and I hereby release, discharge, and/or indemnify Know Idea Incorporated and its affiliates, KI Art, its teachers, and associated personnel, Matthew Bernstein, including the owners of studios and facilities used for the KI Art (the programs), from any claims by and/or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Consent for Medical Treatment: As parent or legal guardian of the registering player, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. Care may be given under whatever given conditions are necessary to preserve life, limb, or well-being of my dependent.

Use of Name and Photograph Consent: I, the undersigned, do hereby consent and agree that, Know Idea, its employees, or agents have the right to take photographs, videotape, or digital recordings of me and/or my child beginning on and ending on and to use these in any and all media. I further consent that my and my child's name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to Know Idea Incorporated and its affiliates, KI Art, all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I understand that there will be no financial or other remuneration for recording me and/or my child, either for initial or subsequent transmission or playback.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Signature of Parent or Guardian: _____ Date: _____