

# Private Art Coach Enrollment Form

Please bring completed form to your first lesson.

PLEASE PRINT:

Student First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Cell Phone

Email Address: \_\_\_\_\_

LOCATION FOR COACHING/LESSONS:

Address \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please briefly share what kind of drawing or painting coaching you would like for yourself or your child. Include art background, goals, challenges, current skills and anything else I should know.

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(Use back of page if you need more space to write)



WAIVER AND LIABILITY RELEASE AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

Name of Student: \_\_\_\_\_

In consideration of Chava LeBarton/Private Art Coach furnishing services, location, supplies, tools and equipment to enable (circle one of the following - are you the student or is your child the student?) myself / my child to participate in any way in arts and crafts classes, camps and any or all other related events and/or secondary activities, I, the undersigned acknowledge, appreciate, and agree that:

On this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_, intending to be legally bound hereby, I, the undersigned, agree and do hereby release from liability and to indemnify and hold harmless Chava LeBarton as regards to all arts and crafts classes, camps and any and all secondary activities that may arise out of my/my child's use of services, location, supplies, tools, equipment, supplies, and any other equipment or materials. This release is for any and all liability for personal injuries (including death), loss of services, illness, disease and property losses or damage occasioned by, or in connection with any activity or accommodations for these classes, camps or secondary activities whether held on business, school or residence property, or walks in the neighborhood. The undersigned further agrees that I /my child will abide by all the rules and regulations promulgated by Chava LeBarton during attendance at all classes, camp sessions and any or all other related and/or secondary activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND CHAVA LEBARTON, AND SIGN IT OF MY OWN FREE WILL.

Please print:

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
City, State, Zip