



CLASS REGISTRATION

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE HOME \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES OR MEDICAL CONCERNS \_\_\_\_\_

CLASSES ENROLLING IN \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

METHOD OF PAYMENT \_\_\_\_\_

WAIVER: AS LEGAL GUARDIAN OF \_\_\_\_\_ I HEREBY CONSENT TO HAVE MY CHILD(REN) PARTICIPATE IN PROGRAMS OFFERED BY MASTERPEACE STUDIOS. IT IS HEREBY AGREED THAT I, MY CHILD(REN), ADOPTED OR WARD, AND MY PERSONAL REPRESENTATIVES, WAIVE AND RELEASE ALL RIGHTS AND CLAIMS FOR DAMAGES THAT I OR MY CHILD(REN) MAY HAVE AT ANY TIME AGAINST THE STUDIO AN, ITS REPRESENTATIVES, WHETHER PAID OR VOLUNTEER, FOR ANY INJURY OR DAMAGES IN CONNECTION WITH THE STUDIO PROGRAMS OR ANY OTHER ACTIVITIES RELATED TO THE STUDIO. THE RISKS INVOLVED IN RESPECT TO SUCH A PROGRAM ARE FULLY UNDERSTOOD BY ME AND I SIGN THIS RELEASE VOLUNTARILY.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

1099 MILWAUKEE STREET, SUITE 110 KIRKWOOD, MO 63122 (314) 909-8333

*create yourself as a masterpiece*