

Masterpeace Studios  
Arden Mead Youth and Community Center  
17 Selma Ave.  
Webster Groves, MO 63119  
314-918-7747  
mail@masterpeacestudios.org  
[www.masterpeacestudios.org](http://www.masterpeacestudios.org)



Mailing Address  
171 Hull Ave.  
Webster Groves, MO 63119  
314-918-7747

## Class Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_

How did you hear about us? Friend, website, flyer, advertisement, other \_\_\_\_\_

Class(es) registering for: \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

### Health Information

Current Medication (s): \_\_\_\_\_

Please provide information on your health condition (i.e., high blood pressure, heart condition, diabetes, asthma, knee problems, neck problems, back problems, pregnant.)

Please list current and previous physical activities/sports: \_\_\_\_\_

WAIVER: I HEREBY CONSENT TO HAVE MYSELF OR 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 AND 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.

**RELEASE AND CONSENT TO PHOTOGRAPH:** I UNDERSTAND THAT MASTERPEACE STUDIOS ROUTINELY PROMOTES THE EDUCATIONAL, HEALTH, AND OTHER BENEFITS OF PARTICIPATING IN ITS PROGRAMS AND OTHER ACTIVITIES. I ALSO UNDERSTAND THAT MASTERPEACE STUDIOS MAY WRITE STORIES THAT MAY APPEAR IN MASTERPEACE STUDIOS' PUBLICATIONS. I HEREBY CONSENT TO BEING THE SUBJECT OF PHOTOGRAPHS TAKEN DURING CLASS AND HEREBY RELEASE MASTERPEACE STUDIOS AND ITS AGENTS FROM ANY AND ALL CLAIMS FOR DAMAGES BASED UPON THE USE OF MY OR MY CHILDREN'S IMAGE AND LIKENESS AS STATED ABOVE.

Print Name \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of student, parent or guardian \_\_\_\_\_

*create yourself as a masterpiece*