

Registration Form

Student Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email _____

Course: _____ Session: _____

Course: _____ Session: _____

Check enclosed # : _____ Total: _____

Course fees include all art materials and lab fees unless otherwise specified. Class size is limited so early registration is encouraged. A waiting list will be available.

Mail to:

**Odyssey School of Fine Arts
C/O Sharon Lomardi
53B Beekman Street
Saratoga Springs, NY 12866**

I have registered myself/child/children listed above for participation in an educational program to be conducted by the Odyssey School of Fine Arts. I understand that I/my child/children participate in the program at my/his/her own risk. On behalf of myself, my spouse, and my children, I hereby waive and release any and all claims for damages or injuries which may be suffered by me/my child/children during the course of her/his participation in the program at the Odyssey School of Fine Arts unless such damages or injuries are the result of gross negligence, recklessness or intentional misconduct.

Signature: _____ Date: _____

Comments: _____
