WORKSHOP REGISTRATION

222 POLK STREET | EUGENE, OREGON 97402 | VOICE 541.653.8089 | FAX 541.684.8382

NAME		
ADDRESS/*Apartment #*		
CITY/STATE /ZIP		HOME PHONE
CELL PHONE	WORK PHONE	EMAIL
I AM A: *Please Circle* :	**CLAY SPACE MEMBER** NEW STUDENT	RETURNING STUDENT
PLEASE CHECK HERE IF YOU REQUIRE SPECIAL ACCOMODATIONS: ☐		

HOW DID YOU HEAR ABOUT CLAY SPACE?

☐ FRIEND ☐ EMAIL ☐ WEBSITE ☐ WALKED BY

☐ PICKED UP A CARD AT: _____ ☐ AD IN: _____

☐ OTHER _____

I AM SIGNING UP FOR:

WORKSHOP / CLASS TITLE	INSTRUCTOR	DAY/TIME	START DATE	FEE

If you are mailing in your registration:

☐ *(CHECK ENCLOSED MADE PAYABLE TO CLAY SPACE)*

☐ I HEREBY AUTHORIZE USE OF MY CREDIT CARD:

☐ VISA ☐ MASTERCARD

CARD # _____ EXP. DATE: _____ V-CODE: _____

TOTAL CLASS FEE	
MEMBER DISCOUNT	
DEPOSIT	
TOTAL ENCLOSED	
BALANCE DUE	

_____

SIGNATURE (PARTICIPANT) DATE

CLAY SPACE WORKSHOP CANCELLATION: IF A CLASS OR WORKSHOP IS CANCELED, WE WILL REFUND YOUR PAYMENT(S) TO YOU.

REFUND POLICY:

CANCELLATIONS FOR A FULL REFUND ARE ACCEPTED UP TO 10 DAYS IN ADVANCE OF THE CLASS OR WORKSHOP. CANCELLATIONS LESS THAN TEN DAYS BEFORE THE CLASS OR WORKSHOP WILL RECEIVE A 50% REFUND. DUE TO COMMITTED EXPENSES ON BEHALF OF CLAY SPACE, THERE WILL BE NO REFUNDS IF YOU CANCEL LESS THAN FIVE DAYS BEFORE A CLASS OR WORKSHOP STARTS.

FOR PARENTS/GUARDIANS OF MINOR STUDENT

(UNDER THE AGE OF 18 AT TIME OF ENROLLMENT)

RELEASE FROM LIABILITY AGREEMENT: I, THE UNDERSIGNED, ACKNOWLEDGE AND UNDERSTAND THAT DUE TO THE NATURE OF EQUIPMENT AND MATERIALS USED AT CLAY SPACE THERE IS A RISK OF PERSONAL INJURY OR HARM. I RELEASE CLAY SPACE, IT'S OWNERS, OFFICERS, AGENTS, EMPLOYEES, SUCCESSORS AND ASSIGNS, AND AGREE TO INDEMNIFY AND HOLD HARMLESS FROM ANY AND ALL LIABILITY THAT MAY ARISE FROM ANY INCIDENT INVOLVING OR RELATED TO THE PARTICIPATION OF MY MINOR CHILD IN ACTIVITIES AT CLAY SPACE, ITS FACILITIES, PROPERTY, EQUIPMENT OR SERVICES, WHETHER CAUSED BY THE NEGLIGENCE OR RECKLESS CONDUCT OF ME, CLAY SPACE, A THIRD PARTY OR ANY COMBINATION THEREOF.

PARENT/GUARDIAN NAME _____ DATE _____

SIGNATURE (PARENT/GUARDIAN) _____