

Crochet Class Registration

Name: _____

Address: _____

Home Phone Number: _____

Cell phone number: _____

Email address: _____

Are you age thirteen or over? _____

Emergency Contact: _____

Phone number: _____

To hold your place in a class, please mail or bring your registration and check to Crochet Class, Lamb of God Church, 11716 County Line Road, Madison, AL 35756

All classes meet 10 am to noon at Lamb of God Lutheran Church, 11716 County Line Road, Madison, Alabama

Select your class(es), check one or more

Intro Class (2sessions) \$40 _____

Intermediate Class (4sessions +2) \$80 _____

Subtotal: _____

20% discount for registering with a friend or

Family member or for multiple classes: _____

Total: _____

Circle your session days:

June 4 5 6 7 17 18 19 20 21

July 8 9 10 11 12

Clinic sessions July 22 23

Checks payable to "Lamb of God Church"

WAIVER AND RELEASE FROM LIABILITY

Crochet Class Date(s): _____

With this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with Lamb of God Lutheran Church, Madison, Alabama, its personnel and all volunteers, activities and events organized and directed by Deborah Bray.

I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver.

Participant's written name: _____

Parent or guardian: _____

Parent or guardian's signature: _____

Date: _____

Received of _____, the amount of \$ _____ for Crochet Class _____

_____. By _____ Date _____

Thank you! We are looking forward to seeing you at Crochet class!

Deborah Bray ddejbray@knology.net 256-508-0141