



THE EDWARD R. DRIGGERS CITY OF GREER
CENTER FOR THE ARTS
 ARTS CLASS REGISTRATION FORM



Registration forms can be submitted by mail to the Greer Center for the Arts - 804 Trade St. Greer, SC 29651 or by email to seodom@cityofgreer.org. Payment should be made out to the instructor of the class, unless otherwise noted. Full payment is due by the first class, and registration forms are due 72 hours before the class is scheduled to start.

Class/Workshop Title: _____

Instructor: _____ Time Slot: _____

Student Name: _____

Age, if under 18: _____ Gender: _____

Email: _____

Phone Number: _____

Emergency Contact Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Masks or face coverings are recommended for all students. Students should enter at the Office door on the Trade Street side of the building, where they will be greeted by a staff member to direct them their classroom.

Signature: _____ Date: _____

Anyone who requires an auxiliary aid or service for effective communication or a modification of policies or procedures to participate in a program, service, activity or public meeting of the City of Greer should contact Ruthie Helms, ADA Coordinator at (864) 848-5397 as soon as possible, but no later than 48 hours prior to the scheduled event.



City of Greer Parks and Recreation Department



Participant Waiver, Assumption of Risk, Release of Liability and Warning

In consideration of being allowed to participate in any way with Greer Parks and Recreation programming, related events and activities, the undersigned acknowledges, understands, and agrees that:

- 1. I, for myself and on behalf of my heirs, assigns, personal representatives, and/or on behalf of the minor child participant named below, hereby release, hold harmless, and indemnify Greer Parks and Recreation and The City of Greer, their officials, employees, other participants, sponsoring agencies, sponsors, and advertisers ("Releasees"), with respect to any and all injury, illness, disability, death, or loss of damage to person or property, whether arising from negligence of the Releasees or otherwise.
2. The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease.
3. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume all full responsibility for my participation.
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
5. The risk of injury and/or illness from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist.

FOR PARENTS AND/OR LEGAL GUARDIANS OF MINOR CHILD PARTICIPANTS:

I agree to and verify the following:

- 1. I am the parent or legal guardian for _____ (print minor child's name) (Born ____/____/____), and I agree that I am signing this Release on behalf of the minor child and the minor child shall be bound by the terms of this Release.
2. I agree to assume all risks identified herein and otherwise in the minor child participating in and using the programs, services, facilities and equipment of Greer Parks and Recreation, including all risk of injuries, illness, and death that could result, and further agree to release, hold harmless, and indemnify the Releasees from any and all claims, demands, damages, losses, expenses, injuries that result from acts of negligence by the Releasees that I, or my minor child may sustain as a result of the minor child's participation in Greer Recreation Department programs.
3. In case of an emergency where I cannot be reached, I hereby authorize the Greer Recreation Department to obtain and provide what medical treatment is deemed necessary for the immediate welfare of the minor child.

I have read this Release in its entirety, and I fully understand its terms, understand that I have given up substantial rights by agreeing to it on my own behalf, my heirs, assigns, and personal representatives, and/or on behalf of the minor child participant, and his/her heirs, assigns, and personal representatives, and I am signing it freely and voluntarily without any inducement.

Parent/Participant/Guardian Signature - _____

Print Name of Parent/Participant/Guardian: _____

Date: _____