



## Adult Education Program

Tuesday Oct. 25 through Dec. 6, 2022, Tuition \$120

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian(18 & under only) \_\_\_\_\_ Email \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Does the participant have any allergies, medical issues or anything else we should know about?

\_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Release

By signing this form I hereby assume full responsibility for my or my child's participation in this program and I release all members of Riot Act, Inc.'s staff, Board of Directors and volunteers from any liability for personal injury or property damage sustained while participating in a Riot Act program.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name

### Photo Release

I grant permission for photographs taken in Riot Act, Inc. classes to be used by Riot Act for promotional purposes. I understand that no personal information will be associated with any photographs without my consent and that no compensation is offered. I also understand that all photographs taken by Riot Act are the property of Riot Act.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name