

Photography Workshop Registration Form

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Daytime Phone: _____

Mobile Phone: _____

Email Address: _____

Which workshop would you like to participate in?

Date: _____ Cost: _____

Payment Options include check, Mastercard, Visa, American Express and Discover

Credit Card Number: _____

Name on Card: _____

Billing address of card (include ZIP Code): _____

Amount to be billed to card: _____

Signature: _____

Today's Date: _____

The**Photography**Room
A Gallery of Fine Art

15 Ionia Ave. SW Suite 150
Grand Rapids, Michigan 49503
p 616.224.2700
f 616.224.2701

www.photographyroom.com

Policies and Procedures

All registrations are accepted on a first-come, first-served basis. Early registration is strongly suggested as class sizes are small and fill quickly. Please note that workshop fees must be paid in full to guarantee your reservation.

Upon receipt of your workshop fee and completed registration form, we will forward a confirmation email to you. This email will contain your workshop itinerary, equipment list and additional instructions specific to your workshop.

Cancellation Policy

In the event that a workshop must be cancelled due to inadequate enrollment, all fees and deposits are refunded in full or may be transferred to another workshop within the 2005 Workshop Season.

Refunds Policy

If you are unable or no longer wish to participate in a workshop you reserved and paid for, the following refund schedule will be implemented:

30 or more days prior to the event: 100% of workshop fee
15-29 days prior to event: 75% of workshop fee
10-14 days prior to event: 50% of workshop fee
9 or fewer days prior to event: workshop fee is non-refundable

No partial refunds are made for unused portions of services for any reason whatsoever.

Health and Liability Policy

Participation by any participant will be declined in absence of the signed release of liability form, with no trip fee refund. No modification to the terms of the Limits of Liability form will be accepted. Workshop payment and registration certifies that you do not knowingly have any physical or other conditions of disability that would create a risk for you or other workshop participants. Once a registration has been confirmed, medical circumstances will not be considered as exceptions to our cancellation policy. We assume no responsibility for medical care or for special dietary requirements.

Limits of Liability

In the event a workshop is cancelled for any reason, the extent of The Photography Room’s liability is limited to the return of fees paid to The Photography Room. All workshop participants accept full responsibility for personal injury and/or personal losses during the period of the workshop. Applications and payments are an acknowledgment of the terms and conditions as outlined in this document.

The Photography Room, its staff, and associates are not responsible for injuries resulting from a participant’s carelessness, or loss or damage to personal property before, during, or after the workshop being attended. This includes all damage to person or property due to accidents, delay in itinerary, or expenses incurred due to theft. The Photography Room reserves the right to substitute workshop leaders, hotels and to alter the itinerary if we feel it becomes necessary or advisable, The Photography Room may cancel the workshop for any reason one week prior to the first workshop day and a full refund received to the participant shall release The Photography Room from all further liability. Payment for the workshop offered by The Photography Room means the depositor has read the agreements in this document and agrees to be bound by the above terms and conditions.

Please sign and return with workshop payment:

I have read the above paragraphs concerning transportation, responsibilities, and limits of liability and agree to hold The Photography Room harmless according to the above paragraphs. I also agree to be bound by the above terms and conditions. I wish to take the workshop I indicated above.

Signature: _____

Date: _____

Signature of Parent or Guardian (if under 18 years old):
