ADULT REGISTRATION FORM

Please fill out all sections completely.

Name: _____

Phone: _____ Alternate Phone: _____

Address: _____

Email: _____

Member? Y ☐ N ☐

How did you hear about us? _____

Would you like to join our mailing list? Y ☐ N ☐

Please read and initial below:

There will be times when newspapers, organizations, or ZACC wants to use pictures/media from activities for their use (i.e.: Zootown Blog/website, advertizing). By initialing, I give permission without restriction to my name, likeness, pictures, and/or voice in connection with participation in ZACC activities. *Initial:* _____

I understand there is a possibility of physical injury to myself, and I hereby release Zootown Arts Community Center, its employees, volunteers, and teachers, and affiliates from any liability from damage incurred. This release includes injury, death or other damages as a result of transportation to or participation in and from Zootown Arts Community Center activities. *Initial:* _____

I have read and I understand the waivers above, and affirm that the information provided is current and accurate.

Signature: _____ **Date:** _____