



Olympic Theatre Arts  
**ADULT WORKSHOPS & CLASSES**

414 N. Sequim Avenue  
(MAIL TO: PO Box 1474)  
Sequim, WA 98382  
(360) 683-7326  
office@olympictheatrearts.org

**REGISTRATION FORM, IMPROV CLASS SERIES**  
**APRIL 1 – JULY 1, 2020**

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

Address: \_\_\_\_\_  
(Street Address or PO Box) (City) (State) (Zip Code)

Email \_\_\_\_\_

**“YES, AND...ROUND II”**

1<sup>st</sup> & 3<sup>rd</sup> Wednesdays each month from 6:30 to 8:30 p.m., ages 18 and up, with Nancy Peterson

Location: Olympic Theatre Arts Center, 414 N. Sequim Ave., Sequim, WA

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Text OK?: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PARTICIPATION RELEASE and PERMISSION TO TREAT**

I desire to engage in activities defined on this form with Olympic Theatre Arts (“OTA”) and I hereby agree as follows:

1. **WAIVER AND RELEASE:** I release and forever discharge and hold harmless OTA from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities in which I am engaged. I understand and acknowledge that this Release discharges from any liability or claim that I may have with respect to bodily injury, personal injury, illness, death, or property damage that may result from participation in activities at OTA.

2. **INSURANCE:** Further I understand that OTA does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of the participating entities.

3. **MEDICAL TREATMENT:** I hereby Release and forever discharge OTA from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my participation in activities OTA.

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Registration Form Spring-Summer 2020 Improv Class Series

4. ASSUMPTION OF RISKS: I understand that the activities provided from OTA may include actions that could be hazardous to me including, but not limited to involving inherently dangerous activities. As a participant, I hereby expressly assume the risk of injury or harm from these activities and release OTA from all liability for injury, illness, death, or property damage resulting from the participation in activities occurring while I am participating in services provided by OTA.

5. PHOTOGRAPHIC RELEASE: I grant and convey to the event organizers all right, title, and interests in any and all photographs, images, video, audio in connection with my participation in activities at OTA.

6. OTHER: As a participant, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Washington and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By completing this registration and signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

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

**TUITION**

- **ONE SIX-WEEK+ CLASS SESSION (INCLUDES A SHOWCASE ON 7<sup>TH</sup> WEEK)**

\_\_\_\_\_ **\$120.00** \_\_\_\_\_ payment included \_\_\_\_\_ will pay at the door

No make-up sessions; Space is limited and will be granted on a first come first served basis. To reserve your spot, please return completed registration form with payment type indicated or included to Olympic Theatre Arts (see mailing and physical addresses at the top of page 1)

**YOU MAY USE ONE OF THE FOLLOWING PAYMENT OPTIONS:**

- Cash - delivered to the OTA Business Manager
- By check - made payable to Olympic Theatre Arts (OTA)
- By supplying credit card information below:

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CVV \_\_\_\_\_

AUTHORIZED AMOUNT: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street Address or PO Box) (City) (State) (Zip Code)