



WAYNE STATE

College of Education

Saturday Art Therapy Workshop General Information Form (Adults Form)

Name _____ Age _____

Address _____ City _____ Zip _____

Email _____

Daytime Phone _____ Cell/Alternate Phone _____

Reason for enrolling _____

What else should we know about you in order to provide the best of Workshop experiences? _____

Session preferred _____ Group _____ Individual _____

I understand that I and/or my art work made during the art therapy sessions may be photographed or videotaped for educational purposes. I will not be identified by name during this process.

Signature _____

WAYNE STATE UNIVERSITY, COLLEGE OF EDUCATION ART THERAPY PROGRAM RELEASE AND HOLD HARMLESS AGREEMENT

In consideration of being allowed to participate in the Art Therapy Program conducted by the Wayne State University College of Education, the undersigned hereby expressly stipulates and agrees to release, discharge, indemnify and forever hold harmless Wayne State University, its assigns, agents, officers, Board of Governors, servants, and employees from any and all actions, claims, liabilities, damages, losses or injuries of any nature whatsoever now existing or which may hereafter be sustained in connection with his/her participation in any and all activities of the Art Therapy Program at Wayne State University.

This release extends, applies to, covers, and includes all unknown, unforeseen, unanticipated and unsuspected injuries, damages, losses, and/or liabilities, and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local, or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries, or damages which are unknown or unsuspected at the time to the person executing such release, are expressly waived.

Witness Signature

Printed Name

Witness Signature

Printed Name

Return to:
Wayne State University Art Therapy Program
C/O R. Konarzewski
5425 Gullen Mall 2 North Detroit, MI 48202
FAX 313.577.4091 • EMAIL ab7419@wayne.edu

Payment Received	Date	Amount	Method