Saturday Art Therapy Workshop

Date_____

General Information Form

(Adults)

Name ____ Age ________

Reason for enrolling____

____

Address____email___________________________________

Phone 1 ___________ _____________________Phone 2 _____________ _____________________________

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

Art Building 450 Reuther Mall Detroit, MI 48202

FAX 313.993.7558 • EMAIL arted_arttherapy@wayne.edu