



Creative Art Workshop Registration

Participants Information

Participants Name: _____

Parent/ Guardian Name: _____

Address: _____

Age: _____ Gender: _____ Date of birth: ____/____/____

Phone Number: _____

Email (mandatory): _____

Registration information:

The Creative Art Workshops are recommended for all ages. Children under eight (8) must be directly accompanied by an adult.

Location:

East Lambton Community Complex- Lambton Mutual Gymnasium

61 Centennial Ave., Watford ON N0M 2S0

Cost:

\$10 per workshop or \$50.00 for all 6 workshops. NO REFUNDS.

Only 15 people per workshop. Registration is complete upon receipt of both the registration form and full payment. Please register by July 3, 2023. Staff will contact you to confirm your registration.

To register:

Visit the East Lambton Community Complex located at 61 Centennial Ave., Watford ON N0M 2S0. Monday to Friday between 8:30 a.m. - 4:30 p.m. to submit your registration form and make your payment using cash, cheque or interact.

Please Indicate which Creative Art Workshop(s) you would like to register for:

- _____ July 13 10:00a.m. – 12:00 p.m. | Fun with Nature Art-Scape
- _____ July 20 10:00 a.m. – 12:00 p.m. | Fabric Collage
- _____ July 27 10:00 a.m. – 12:00 p.m. | Driftwood Mobiles
- _____ August 3 10:00 a.m. – 12:00 p.m. | Jewelry making
- _____ August 10 10:00 a.m. – 12:00 p.m. | Imaginative Drawing
- _____ August 17 10:00 a.m. – 12:00 p.m. | Creative Wood Working ** ages 8 plus

Photo Release

Consent:

I hereby authorize the Corporation of the Township of Warwick, hereafter referred to as "Warwick" to publish photographs taken of myself and/or the minor child or children listed below, and our names and likenesses, for use in Warwick's print, online and video-based marketing materials, as well as other publications.

I hereby release and hold harmless Warwick from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Warwick to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Warwick, its contractors, its employees and any third parties involved in the creation or publication of Warwick publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Injury Risk:

I hereby understand the risk of participating in a recreational program with the Township of Warwick and I assume full responsibility for my actions and other while participating.

Freedom of Information:

Personal information on this form is collected under the authority of the Municipal Act and is maintained in accordance with the Municipal Freedom of Information protection and Privacy Act. Questions regarding this collection of this information may be directed to the Township Clerk's Office. The Township of Warwick is committed to providing accessible formats and communication support for people with disabilities. If another format would work better, please contact the Township's Clerk's office for assistance at 226-848-3926.

Participants Signature:

Parent of Guardian Signature:

Date:

Office USE ONLY

Registration Fee Total: _____

Cash: _____ Cheque: _____ Debit: _____

Please make cheques payable to: Township of Warwick

Office Use: