



**Charles M. Schulz Museum
Class Registration Form**

**All reservations are first come, first served, please call 707-284-1263
to make sure space is available.**

Class Name(s): _____ Class Date(s): _____

Class Participant's Name: _____ Participant's age: _____

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Address _____

_____ Phone Number: _____

E-mail Address: _____

Parent Name: _____ Emergency Phone: _____

____ Check here to be added to our e-mail list for notification of future museum classes and events.

Medical Information or Special Needs

List any health conditions or special needs that the staff should know about your child (asthma, allergies, Aspergers, etc.):

Payment Information

Museum Member: ___ Yes ___ No Member # _____

Save 20% on all classes when you purchase a Museum membership!

Membership dues/levels: ___ \$40 Individual ___ \$70 Family ___ \$100 Fan

Membership Fees (if any): \$ _____

Class Fees: \$ _____

Total Due: \$ _____

Check number(s) _____ made payable to Charles M. Schulz Museum

Select Credit card payment type: ___ Visa/Master Card ___ Discover ___ American Express

Card No. _____ Exp. Date: _____

Name on card: _____ Signature _____

Media and Liability Agreement

The undersigned hereby declares that he/she is the parent or legal guardian, over the age of 18, of _____, a minor under the age of 18 ("Child"). The undersigned does hereby authorize Charles M. Schulz Museum and Research Center and its agents and assigns to photograph, film or create a likeness of Child and to use and display said photographs, films or likenesses, and Child's Artwork for all purposes including advertisement and solicitation, in any medium and for any purpose whatsoever, including without limitation, any publication, multimedia production, display, world-wide web publication, or use on the internet, or any other written, electronic, broadcast or other use.

The undersigned agrees and understands that during Child's participation in the above class(es) he or she may be exposed to a variety of hazards and risks, foreseen and unforeseen, that may include but are not limited to personal injury and property damage. The undersigned agrees to waive, discharge claims and release from liability the Charles M. Schulz Museum and Research Center, its officers, directors, employees, agents and assigns from any and all liability in any way resulting from Child's participation in the class(es). This assumption of risk and release is binding upon all heirs, executors, administrators and assigns.

The undersigned hereby warrants and represents that they have the right to enter into this Agreement and grant the rights granted to Charles M. Schulz Museum and Research Center and its agents and assigns, herein.

Signature

Date

**Mail or Fax to: Charles M. Schulz Museum, 2301 Hardies Lane, Santa Rosa, CA 95403
FAX: 707-579-4436 PHONE: 707-579-4452
www.SchulzMuseum.org**