

CHARLES M.

SCHULZ

MUSEUM

Class Registration Form

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

Class Titles (s): _____ Class Date(s): _____

Child's Name (s): _____ Grade: _____

Address: _____

City, State Zip: _____ Email Address: _____

Parent Name: _____ Phone Number: _____

List any health conditions, dietary restrictions, special needs, etc. that we should be aware of:

Museum Member: Yes No Member # _____

Purchase/renew a Museum membership and save 20% or more on every class you take!

Membership dues: \$40 for Individual \$70 for Family \$100 for Fan Level

Class fees: \$ _____

Total amount due: \$ _____ Payment Date: _____

Check #: _____ (payable to Charles M. Schulz Museum)

Credit card payment type: Visa M/C 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 the child(ren) listed above, 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: _____

Cancellation/Refund Policy

If you need to cancel a class, please let us know as soon as possible. If you cancel a class with more than 24-hours notice, the Museum will provide either a full credit for a future class or a refund minus a \$15 processing fee. We cannot provide refunds or credits for classes cancelled less than a 24-hour notice.

Fee Assistance

The Schulz Museum is committed to making our classes available to everyone. To request a Fee Assistance application, visit our website www.SchulzMuseum.org or call us at (707)284-1265.