

Kinnickinnic Clayworks LLC Pottery Studio & Showroom

Kinnickinnic Clayworks LLC 2019 Youth Pottery Classes

As a part of every pottery lesson at Kinnickinnic Clayworks LLC you'll have expert instruction and encouragement to try new tools and techniques as you learn to make, sign and glaze pottery.

Every 2 hour meeting will include demonstrations and a lot of time to work independently on projects.

Students will have access to professional pottery studio equipment including but not limited to:

8 electric wheels, 2 kick wheels, tried and true hand-building tools, stoneware clay*, colored slips & glazes

*Kinnickinnic Clayworks includes the first #6 of fired work in the cost of the class. Students may make more pots and larger pots at an additional cost of \$2.50 per pound.

Classes are limited to 10 students to allow each student a minimum of 60 minutes of instruction on potter's wheels every class meeting and ample storage space.

June

- June 25-27: 9-11 am ages 7-12 (\$85)
- June 25-27: 1-3 pm ages 10-16 (\$85)
- June 25-27: 6-8 pm Adult & Child (\$170)

July

- July 16-18: 9-11 am ages 7-12 (\$85)
- July 16-18: 1-3 pm ages 10-16(\$85)
- July 16-18: 6-8 pm Adult & Child (\$170)

August

- August 13-15: 9-11 am ages 7-12(\$85)
- August 13-15: 1-3 pm ages 10-16(\$85)
- August 13-15: 6-8 pm Adult & Child (\$170)

Youth Pottery students will learn the fundamentals of throwing from centering to trimming on electric potter's wheels. We will practice, practice, and practice some more. Because we would like students to look at their work on the wheel as a process toward proficiency, they will not keep every pot they make, instead, students are asked to choose their best 5 or 6 pots from the three day session to carry through to the glazing stage.

Adult & Child classes follow the same format as other classes meaning we will practice a lot and select only our best pots for firing.

Class registration policies:

Registrations are made in the order they are received and must be accompanied by payment (checks preferred) to be valid.

If a class must be cancelled because of insufficient enrollment, the office will notify students prior to the first day of class and a full refund will be given. If a student cancels a registration prior to five working days before the first day of class, tuition will be refunded at 100 percent less a \$5 administrative fee.

No refunds will be issued if a student quits a class within five business days prior to the first class meeting. However, transfers to other classes will be honored at 100 percent credit if class minimums and maximums are not affected. Tuition is not prorated for missed classes.

Child/Children's Name & Age:

Parent Name: _____

Email: _____

Phone #: _____ text #: _____

Mailing Address:

Return this completed form with payment information to:

Kinnickinnic Clayworks LLC,
109 W Cedar St,
River Falls WI 54022

Credit Card: Visa, Discover, etc. _____

16 Digit Code: _____

Expiration date: _____ CVV _____

-----For Official use Only-----

Amount enclosed: _____

Received By: _____

Notified on: _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Kinnickinnic Clayworks LLC and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers; (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. I acknowledge that Kinnickinnic Clayworks LLC and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity. I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____ Participant's Name (Please print legibly.)

_____ _____
Participant's Signature Date

Emergency Contact Name & Phone #: _____