

# Kinnickinnic Clayworks LLC Pottery Studio & Showroom

## Adult Pottery - Spring 2019

Kinni Clay potters invite you to join them as they throw, trim and glaze pottery in their studio on River Falls' newest segment of the Kinnickinnic White Pathway. Wednesday sessions are demonstration oriented and include ample work time. Saturdays are an optional work time available to class members who would like to make-up for a missed Thursday or simply make more pots!

Throwing experience is preferred but we will work with motivated beginners.

Clay, glazes (up to 5 pounds) and tools are included in the cost of the class.

### March-April

Classes meet **Wednesdays March 20 & 27, April 3&10**

Time: 6-9:00

Optional Studio time: **Saturdays March 23 & 30 April 6**

Time: 12-2:00

Cost: \$180

### April-May

Classes meet **Wednesdays April 24, May 1,8,&15**

Time: 6-9:00

Optional Studio times: **Saturdays April 27, May 4&11**

Time: 12-2

Cost: \$180

### May-June

Classes meet **Wednesdays May 15, 22, 29 & June 5**

Time: 6-9:00

Optional Studio times: **Saturdays May 18, 25 & June 1**

Time: 12-2

Cost: \$180

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.

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 #: \_\_\_\_\_