

Office Use Only: Fees Paid _____ Received By _____ Cash _____ Check _____

**ROLESVILLE PARKS & RECREATION DEPARTMENT
REGISTRATION FORM**

Participant: _____ Activity: _____

Street Address, City, Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Email address: _____

Fees:

Acrylic Painting: **\$55**
Needlepoint Canvas Painting: **\$65**
FUNdamental Drawing: **\$50**
Drawing/Watercolor Class: **\$95**
Introduction To Smocking: **\$45**
Beginning Knitting: **\$45**
One Stroke Painting: **\$65**
Shag Lessons: **\$30**

WAIVER

I hereby assume all risks and hazards incidental to such participation in and transportation to and from the activities. I release, above, and indemnify the Town of Rolesville, employees of the Town, volunteers, contractors, instructors, and/or sponsors from all risks and hazards associated with the activities and in the event of injury or damage to property, do expressly waive all claims against them. I certify that I have read and agree to the terms stated above and that the information is correct to the best of my/our knowledge.

Signature

Date