



WORKSHOPS

WORKSHOP  
WAIVER  
FORM

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PLEASE FILL IN THE INFORMATION BELOW, AND MAIL or E-MAIL TO EAI/MoEA. (CONTACT INFO IS LISTED ABOVE).

Name of Workshop: \_\_\_\_\_

Date of Workshop: \_\_\_\_\_

**PAYMENTS:** Check mailed to address above, payable to the ENCAUSTIC ART INSTITUTE, or payment made via Add to Cart Buttons on Conference Workshop [Registration page](#).

**REFUNDS/CANCELLATION/TRANSFER POLICIES:** Please make sure you understand our Payment/Cancellation policies before registering for the 2020 International Art Conference or Pre- and Post-Conference Workshops. Click [here](#) & [here](#) to read them. If you have any questions, please contact the EAI/MoEA office.

**PHOTO POLICY:** Unless otherwise notified by individuals, photos may be taken during workshops for the purpose of marketing the Encaustic Art Institute/Museum of Encaustic Art, (EAI/MoEA) grant-writing purposes, and EAI Facebook sharing.

**WAIVER OF LIABILITY:** The participant, on behalf of himself or herself, and all agents, employees, assignees, administrators, or executors, hereby releases, discharges, and waives all claims of liability against Douglas Mehrens and/or the Encaustic Art Institute/MoEA, or any workshop instructors at the 2020 International Art Conference for any injuries, damages, or loss of any kind that might be sustained while participating in the Encaustic Workshops, or for any health condition, new or preexisting, that might develop or be affected or aggravated as a result of participation. We cannot reduce or waive these terms in the event of circumstances beyond our control such as illness or acts of nature. The Institute assumes no liability for any injuries, thefts, losses or illnesses incurred by participants during or as a result of participating in a workshop held on the Institute's, MoEA's or The Lodge at Santa Fe's premises.

**I HAVE READ AND AGREE TO THE ABOVE WORKSHOP TERMS AND POLICIES.**

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_

CONTACT PHONE (Night prior to class) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_