



“Weekend of Flames” Airbrush Class Registration

(Please print neatly, complete all sections and return this registration form in an envelope)

Personal Information

Home
Address:

_____ *Street Address*

_____ *City*

_____ *State*

_____ *ZIP Code*

Phone: _____

Program Choice

2-Day Weekend Seminar - \$395 _____

Saturday (8 am - 6 pm)

Sunday (9 am - 3 pm)

Is this your first OTC Airbrush Seminar? (Circle One) **Yes** **No**

Release Information – Please Read

As a participant in any program or class at Ohio Technical College, I recognize and acknowledge there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages or loss that I may sustain as a result of participating in any activities connected with or associated with such program or class. I agree to waive and relinquish all claims I may have as a result of participating in any program or class against Ohio Technical College and its officers, agents, employees and independent contractors. I further agree to indemnify and hold harmless and defend Ohio Technical College and its officers, agents, employees and independent contractors from my claims resulting from injuries including death, damages and losses sustained by me that arise out of, in connection with, or in any way associated with the activities of this program.

I understand that Ohio Technical College is an organization that promotes training not only to its students, but also to the community at large. As such, articles, brochures, videos and websites may be used either promotionally or educationally and may include images of students or other participants in its programs. I hereby permit the use of my image to be photographed, videotaped or otherwise recorded for use in publicity or educational materials. These materials include, but are not limited to, photographs of classes and designs, various other school publications, the internet webpage and videos of classes.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER AND RELEASE OF ALL CLAIMS.

Signature

Date

Payment Method

Paid by: Cash Check # _____ / _____
(Name on Check/Card)

Visa/MC/Disc # _____ / _____
(Card #) (Expires)

V-CODE: _____

You can also use the pay-by-phone (credit card) option; otherwise, check must accompany this form. Responses should be mailed to: **Airbrush Weekend Seminar – OTC, 1374 East 51st Street, Cleveland Ohio 44103.** If you have any questions, please call Jordan Brenner at **800-322-7000 x163** or email at **jbrenner@ohiotechnicalcollege.com**.