



**Plein Air Painting**  
**Saturday, September 16, 2017**  
**Paint in City Park, Kaylor Garden, or Porchfest!**

*You can register on the day of, but it is recommended you register in advance to ensure your desired location*

**Please Print**

Name : \_\_\_\_\_  
 Member: \_\_\_\_\_ YES \_\_\_\_\_ NO (If Yes, skip to Preferred Location)  
 Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Preferred Location** (Locations will only be able to accommodate a specific amount of painters)

\_\_\_\_\_ City Park Lakefront    \_\_\_\_\_ Kaylor Garden (museum)    \_\_\_\_\_ Porchfest (12 p.m. – 4 p.m.)

Other Desired Location \_\_\_\_\_

## Waiver and Release

To the Washington County Museum of Fine Arts, A non-profit institute whose address is PO Box 423, Hagerstown, Maryland 217410423. Student acknowledges that **(I) he/she has enrolled in classes**, workshops, programs and/or events to be offered by and/or at the Museum, **(II) he/she is willing to waive and to release the Museum and its agents from all claims**, demands, causes of action, liabilities, losses, damages and costs that may arise from any and all injuries and damages sustained by him/her while attending the classes, workshops, programs and/or events.

Therefore, in consideration of the instruction to be provided by the Museum to the Student and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Student, for him/herself, his/her spouse, and his/her heirs, executors, administrators, personal representatives and assigns, hereby **AGREES** that the Museum and its agents and employees shall have no liability whatsoever to the Student for any injury or damage to the Student or to any property of the Student sustained by the Student while attending the classes, workshops, programs and/or events, and hereby **RELEASES** the Museum and its agents and employees from any and all claims, demands, causes of action, liabilities, losses, damages and costs that may arise from any and all injuries and damages sustained by him/her while attending the course whether at the Museum or an on-site location.

I, the undersigned, hereby **AGREE to the RELEASE of any and all photographs** taken during the classes, workshops, programs and/or events, filming, and/or videotaping for Washington County Museum of Fine Arts publicity purposes, i.e., public service announcements, advertising, printed materials and other uses, and understand that the Washington County Museum of Fine Arts, a nonprofit organization, will use these photographs, films, and/or videotape to promote the Museum, its exhibitions and programs.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please send in application to Kourtney Lowery, [educ.marketing@wcmfa.org](mailto:educ.marketing@wcmfa.org) or**  
 WCMFA, c/o Kourtney Lowery  
 401 Museum Drive, Hagerstown, MD 21741

