



556 – 124th Avenue NE
Bellevue, WA 98005

Tel 425.401.9874
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info@threecedarswaldorf.org
www.threecedarswaldorf.org

2015–2016 Adult Eurythmy Registration Form

☐ I want to participate in Adult Eurythmy

Program Schedule: Wednesdays February 3, 10, and 24; and March 2, 9, and 16 at 2:00 PM – 2:45 PM
in Trillium Hall

Please complete and return the following documents to the office **by Friday, January 22, 2016:**

- ☐ Registration form (page 1)
- ☐ Waiver (page 2)
- ☐ Payment of the **\$110 registration and program fee**

Participant Name

Grade

Parent Name (please print)

Parent Signature and Date

| Office Use Only | |
|-----------------|---|
| Date received | |
| Payment amount | <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ |



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2015–2016 Adult Eurythmy Waiver

I, the undersigned, agree to release, defend, hold harmless and indemnify Three Cedars Waldorf School, its directors, agents, and employees, ("the Releasees"), including, but not limited to, its officers, employees, and instructors, from all actions, causes of action, damages, claims or demands of negligence, except those of gross negligence and/or intentional or reckless wrongdoing, which the undersigned or any successor may have against the Releasees, for all personal injuries, property damage, or other types of loss or damage of any kind, whether or not presently known or contemplated, which may be incurred during this activity.

Participant Name (please print)

Participant Signature

Date