



2012 ADULT WORKSHOP

APPLICATION FORM (CONT.)

Payment Information

Please enclose a PAYMENT of \$500 for each one-week session. Please make checks payable to *Actors for Autism*.

Amount Enclosed \$_____ Method of Payment: ___Check ___Credit Card –**Visa/MC/AMEX** (complete information below)

___ Visa ___M/Card ___AMEX Card # _____ CVV# _____ Expiration Date _____

Street Number of Card Billing Address _____ Zip Code of Billing Address _____

Name of Cardholder _____

Liability Release, Payment, Refund and Cancellation Policies

I, as the individual, parent or guardian of this person, understand that Actors for Autism takes reasonable precautions to insure that Actors for Autism's programs and activities are conducted by qualified personnel in a safe and responsible manner. I hereby release, indemnify and hold harmless Actors for Autism, their officers, agents and employees from all liability for damage, injury, death or illness to my camper or his/her property relating to or deriving from my camper's presence at Actors for Autism or participation in Actors for Autism activities whether arising from an act or omission, negligent or otherwise, by the releases or otherwise to the fullest extent permitted by law.

While we cannot refund money due to illness, we can issue a "credit" that can be prorated towards a weekend, holiday or Workshop. We do not give refunds for any reason. To receive a credit, written notification must be made during the session for which the credit is requested. Late request credit will not be considered. By signing below I acknowledge that I understand the terms above.

I have read and understand the contents of this application including the Liability Release and Payment, Refund and Cancellation Policies.

Signature of Parent or Guardian _____

Date _____