

**Magic Paintbrush Project
Workshop Assistant Application Form**

Participant Name :

Address:	County:
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Contact Phone:	E-Mail:
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Please indicate whether or not you prefer an Individual or Group workshop: (Check one)	__ Individual Session	__ Group Session
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Preferred day and time to volunteer:

Preferred Media: (Check applicable)	__ Painting	__ Clay	__ Photography	__ Drawing
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What goals do you have for your experience?

Education:

Experience:

Please List Three References:

Reference Name :	
Address:	COUNTY:
Contact Phone:	E-Mail:

Reference Name :	
Address:	COUNTY:
Contact Phone:	E-Mail:

Reference Name :	
Address:	COUNTY:
Contact Phone:	E-Mail:

Have you ever been charged with a felony?	Explain:
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Are you physically able to assist in our workshops?

Special Concerns:

____ (Initial) I have read and understood the Release Form	____ (Initial) I have read and understood the Disclaimer
Signature:	Date:

Please print and mail to:
The Magic Paintbrush Project Gallery & Workshop
Oakdale Mall
601-635 Harry L. Drive Suite 13, Johnson City, NY 13790

Consent

For the opportunity to participate in a Magic Paintbrush Project Life is Washable® workshop or any other event connected with the Magic Paintbrush Project and for other valuable consideration, I understand that by signing this release, I agree to hold harmless harmless Life Is Washable, Inc. dba The Magic Paintbrush Project, including all of its employees, managers, directors, volunteers and agents; all sponsoring organizations and any other parties connected with events and activities, singly or collectively, from any liability for any injury, harm, loss, inconvenience or damage suffered or sustained as a result of participation in one or more events or any activities associated therewith.

I understand that I will be working with volunteers from the community to create artwork which may be used to raise funds for Life Is Washable, Inc. or its affiliates. I understand that all artwork will become the property of Life Is Washable, Inc. dba The Magic Paintbrush Project. I waive all claims for any compensation from the sale of artwork.

I hereby give my permission to Life Is Washable, Inc. to use my photograph or portion thereof, whether still or moving, my voice, and my likeness for trade, for publicity or for any other lawful manner whatsoever, hereby waiving my right to review or approve such photograph, sound recording or likeness prior to its use.

This material represents the opinions of Life Is Washable, Inc. It should in no way be taken as general or specific medical advice. Please consult your primary care physician or other medical specialist for specific advice about your medical condition. Trademark and Copyright 2006.

I have read and understood the Consent form.

Print:	Signature:
Date:	Signature of parent if under 18:

Life Is Washable, Inc. is a non-profit organization. Support of our program is tax-deductible. This material represents the opinions of The Magic Paintbrush Project Life Is Washable. It should be in no way taken as general or specific medical advice.

Please contact your primary care physician or other medical specialist for specific advice about your medical condition. The Magic Paintbrush Project Life Is Washable® Copyright 2006 - 2008 Patent Pending 2008.