



REGISTRATION + REFUND POLICY INFORMATION

Registration for most facility-based programming is accepted at the facility holding the program.

1. All registration is accepted in person or online. Full Payment is required at the time of registration by credit (Visa, Mastercard, Apple Pay), check, cash or money order.
2. The deadline to register for any class is seven (7) business days before the start of said class. If said class meets minimum enrollment and there are spaces available after 7 days prior to start date staff will determine if student may register.
3. Registration is on a first come first served basis. When a class/activity limit is reached, a waiting list will be started. If enough interest is shown and the facilities are available, an attempt to form another class will be made.
4. Staff responsible for program registration will maintain waiting lists and contact persons on the list if space becomes available.
5. The Museum reserves the right to cancel any programs due to insufficient registration. Museum staff assess registration and, if necessary, cancel scheduled classes 7 days prior to the start date. Participants in classes canceled by the Museum will receive a full refund less any processing fee assessed by online service companies.
6. The Museum reserves the right to place a substitute instructor as needed. In the event that the Museum must cancel and reschedule a class day, the make-up class is typically held the week immediately following the end of the scheduled class term, at the same time/day and in the same location.
7. There will be no registration after the class/program start date without approval from the Museum.
8. We do not prorate any programs/rentals. There is a \$40 assessment for all returned checks.
9. Discounts are in place for Museum members. Other discounts may be implemented and will be listed in course descriptions.

Minors must be dropped off and picked up by a parent or disclosed guardian in the Museum reception area and checked in by Museum personnel. It is the responsibility of the parent or guardian of any minor child to inform the Museum, in writing, of all medical conditions, medications and/or allergies of said minor child.

The Coral Springs Museum of Art is not responsible for any artwork or personal items lost, stolen or left in the classrooms. Items left behind may be subject to disposal or donation.

REFUND POLICY

- 100% refund is issued if the Museum cancels the program or the facility rental (less online processing fees when applicable.) The Museum will automatically place refund on original form of payment. Alternatively, refunds can be placed as credit on household accounts for future use, without expiration, upon request. If a Gift Card is used to enroll in a class, refunds may only be processed as credit for future use. In the event of cancellation, we will notify you by email/online registration system.

Refund requests received in writing at least 14 or more days in advance of the program/rental are entitled to 100% refund or account credit based on the total cost of the program or rental (less online processing fees when applicable.)

- Refund requests received less than 14 days in advance of the program/rental will not be granted.
- Refunds for medical circumstances requested prior to the program start date will be granted at 100%, pending verification.

Non-attendance/non-participation in a program does not entitle the patron to a refund.

ALL REFUND REQUESTS MUST INCLUDE A COMPLETED REFUND REQUEST FORM. Refund check issuance or credit card refund processing may take approximately 2-3 weeks to process.

PHOTO + LIABILITY WAIVER

I understand that the Coral Springs Museum of Art produces a range of communication and marketing efforts, which includes communication with other media outlets. With this understanding, I consent to the use of my image or that of my minor child referenced in this application for these purposes without compensation. Further, I understand that the Museum may use images of any and all students' artwork without compensation.

The Coral Springs Museum of Art will not accept liability for any harm, damage, or injury that might occur from your or your child's participation in this program. As is the case with any physical activity, the risk of injury is always present and cannot be eliminated. If you experience any pain or discomfort you agree to listen to your body, adjust your posture, rest or stop all together. You affirm that you alone are responsible to decide whether to participate in any of our programs.

I hereby waive any and all rights and/or claims for damages against the Coral Springs Museum of Art that may occur. I accept all risk and do hereby release the Coral Springs Museum of Art, the City of Coral Springs, its employees and its representatives for any and all liabilities and/or injuries during any activity. Further, I also authorize the Museum to obtain, through a physician of its own choice, any emergency medical care that may become necessary for my child as a result of an accident or sudden illness.

I, _____, the undersigned have read each of the above-mentioned Museum policies and agree to abide by same.

Print Name _____ Date _____



Refund Request Form

(One form must be completed for each request)

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- Refund requests received less than 14 days in advance of the program/rental will not be granted.
- Refunds for medical circumstances requested prior to the program start date will be granted at 100%, pending verification.
- Non-attendance/non-participation in a program does not entitle the patron to a refund.
- ALL REFUND REQUESTS MUST INCLUDE A COMPLETED COPY OF THIS FORM.** Refund check issuance or credit card refund processing may take approximately 2-3 weeks to process.

Participant Request

Participant's Name: _____
Last First

Mailing Address: _____
& Street City State Zip

Email Address: _____ Phone Number: _____
Please use the phone number used to register for the program

Program Number: _____ Program Name: _____

If Participant is a Minor:

*Parent/Guardian Name: _____
Last First

Reason + Request

- Schedule Conflict Medical Other Refund
Must include a Doctor's note to be considered for full refund *Please explain below* Credit

If you checked Program Dissatisfaction or Other, describe: _____

The above information must be completed fully for withdrawal / refund consideration.

Below to be Completed by Museum Staff

Fee Paid for Program: _____	_____	_____
	Staff Requesting	Date
Amount refunded/credit _____	_____	_____
	Director, Approval	Date

Account to be Charged: _____

Check - Be sure that address is complete and if a minor adult who refund is to be applied to is listed

Credit Card Receipt/Confirmation # _____ Original Date of Payment: _____

Approved Credit Refund

Not Approved