

## 2011 - 2012 WORKSHOP ENROLLMENT AGREEMENT

**Student Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone number(s)** \_\_\_\_\_ **Email** \_\_\_\_\_

**Workshop Name:** \_\_\_\_\_

**Workshop Start Date:** \_\_\_\_\_ **Workshop End Date:** \_\_\_\_\_

Registration not accepted after 1st day of class. Complete an enrollment agreement for each workshop you plan to take.

**Tuition:** \_\_\_\_\_

**Materials Fee:** \_\_\_\_\_

**Total Cost:** \_\_\_\_\_

**Requirements:** You must be at least 15 years old (Open Shop participants must be 18). Be prepared to show proof of insurance. Check [www.nesaw.com](http://www.nesaw.com) for a list of items to bring to your workshop.

**Total Payment Due** \_\_\_\_\_

**Student's Method of Payment:**

Cash  Credit card  
 Check (payable to NESAW)  Other (such as gift certificates)

**Refund Policy: (as per M.G.L. Chapter. 255 Section 13 K)**

1. You may terminate this agreement at any time.
2. If you terminate this agreement within five days you will receive a refund of all monies paid, provided that you have not commenced the program.
3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7.
4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
6. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
7. If you terminate this agreement after the initial five day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five per cent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement.
8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day such writing is mailed.
9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.

Administrative Costs equal: \$0

I have been provided a copy of the school's catalogue and policies, in a manner of my choosing and I am initialing my choice:

- hard copy       send via email
- I will download the catalogue and policies from [www.nesaw.com](http://www.nesaw.com)

Student's Initials

- I understand this contract will not be in force and effect until signed by both myself and a school representative.
- I have received a copy of the school's complaint procedures policy.
- I understand the refund policy as stated above.
- I understand that these workshops do not grant credit and are not transferable to other institutions of education.

This school is licensed by the Massachusetts Department of Elementary & Secondary Education, Office of Proprietary Schools. Any comments, questions, or concerns should be directed to [proprietaryschools@doe.mass.edu](mailto:proprietaryschools@doe.mass.edu) or 781-338-6048.

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Student's Name: \_\_\_\_\_ Date \_\_\_\_\_

If the student is under the age of 18,

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_ Date \_\_\_\_\_

School Official's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print School Official's Name: \_\_\_\_\_ Date \_\_\_\_\_

I, the student, have received a completed and signed copy of this agreement on date: \_\_\_\_\_  
\_\_\_\_\_ (student's initials)

---

One Cottage Street  
Easthampton, MA 01027  
p: 413.527.6103  
f: 413.527.1799  
[www.nesaw.com](http://www.nesaw.com)

## Release of Liability

Working with wood necessitates the use of cutting tools, whether hand or machine, which by their nature create the risk of physical injury. A central concern of the staff at the New England School of Architectural Woodworking is to minimize the chances of such injury during our classes by teaching safe work habits and providing safe equipment in the shop. Despite these precautions, some degree of risk remains for anyone entering or practicing in the field of woodworking. For this reason, we ask all students to execute the following release agreement:

I, the undersigned, do hereby release the New England School of Architectural Woodworking and/or Sisyphus Woodworking Inc., together with their employees, agents, representatives, and directors from any and all liability, loss, damage, costs, claims and for causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the Architectural Woodworking program or other evening and weekend workshops, it being specifically understood that said woodworking courses include the use and operation by the undersigned participant of the school's woodworking tools, machinery, and space.

I, the undersigned, also certify that I am covered by valid health insurance and can offer proof on request.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Student name (please print)

\_\_\_\_\_  
Student signature

## Photo/Video Release Form

In order to promote the school online and in print, we will occasionally take photos or video of our students at work and/or with their final projects. The media is occasionally invited to do the same for news articles and features. We would like your permission to use your name and photo/video if the opportunity arises. Please indicate your preference below:

\_\_\_\_\_ Yes. I hereby give permission to Sisyphus Woodworking Inc. (dba The New England School of Architectural Woodworking) to use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purposes.

\_\_\_\_\_ No. I prefer that Sisyphus Woodworking Inc. (dba The New England School of Architectural Woodworking) NOT use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purposes.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Student name (please print)

\_\_\_\_\_  
Student signature