

ShoeSchool.com™
"Introduction to Shoemaking"

APPLICATION / AGREEMENT TO PARTICIPATE

.....
NAME _____ DATE OF BIRTH _____

ADDRESS _____ MALE / FEMALE _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: DAY: () _____ NIGHT: () _____

EMAIL _____ DATE OF WORKSHOP: _____
.....

(Use another sheet of paper if you need more space to answer.)

YOUR SHOE SIZE? _____ FOOT PROBLEMS? _____

DO YOU USE RIGHT _____ or LEFT _____ HANDED SCISSORS?

DO YOU HAVE ANY HEALTH LIMITATIONS OR ALLERGIES? _____

PLEASE LIST ANY RELATED SKILLS YOU MAY HAVE. (sewing, carpentry etc.) _____

DO YOU HAVE ANY EXPERIENCE WORKING WITH LEATHER? _____

DO YOU HAVE ANY EXPERIENCE WORKING WITH FOOTWEAR? _____

WHAT DO YOU HOPE TO GAIN FROM "SHOE SCHOOL" ? _____

PLEASE TELL US A LITTLE ABOUT YOURSELF

On a separate sheet of paper tell us a little of your life story, special interests, hobbies, or job related adventures that will add to the flavor of our program. Experiences you bring with you to share and hopes for what you will accomplish with the knowledge and skills you will learn.
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LIMITED ENROLLMENT

In order to give the maximum amount of individual attention to each student the enrollment for the "workshop" is limited, and the subject matter is of a general nature.

If a student desires in depth training in a specific area, then a private training session or consulting contract will have to be arranged for separately.

RESERVATIONS - DEPOSITS - REFUNDS

If and when I am accepted, and I agree to participate in a "ShoeSchool.com" program, I will secure my reservation with a deposit of \$500.00.

The balance due will be paid in full 30 days prior to the date the program is due to begin.

A refund of the deposits may be made if a cancellation notice is received in writing 60 days prior to the date the program is due to begin, and if another applicant is able to fill my space, I will receive a full refund of my deposits, less 20%.

In the event that another person is not found to fill my space, I agree to forfeit the deposits.

If the cancellation is received less than 30 days prior to the beginning of the workshop, and a replacement is not found, only the Room / Board and Tool / Material Fees will be refunded.

Signed _____ Date _____

We accept Master Card and Visa for the full participation fees.
RELEASE FROM INJURIES

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: DAY: () _____ NIGHT: () _____

I, _____ wish to participate in a "ShoeSchool.com" Workshop Program. I understand that I will be working with and exposed to potentially hazardous tools, machines and chemicals, such as razor sharp knives, grinders, sewing machines, needles, cements and solvents as well as materials that are manufactured with various chemical components.

I agree to hold harmless, ShoeSchool.com, its employees or associates, for any injury or illness that I may incur during the workshop.

SIGNED _____ DATE _____

JOB PLACEMENT

No claim is made by ShoeSchool.com that employment is guaranteed after completion of a course. ShoeSchool.com does not offer job placement.

TERMINATION

BY SHOESCHOOL.COM: Grounds for immediate termination are; non payment of fees, failure to comply with the rules of the grounds, disruption of the learning environment.

BY STUDENT: A student may cancel or terminate at any time by giving written notice to the director of the program.

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AGREEMENT

This agreement is not binding until accepted by a ShoeSchool.com Official. The effective date of this agreement shall not precede the date upon which all parties have signed the agreement.

I have read and I understand the Application / Agreement. I accept and agree to the terms and conditions herein.

SIGNATURE OF PARTICIPANT: _____

PRINT ON THIS LINE: _____

DATE: _____

SIGNATURE OF SPONSOR: _____

PRINT ON THIS LINE: _____

DATE: _____

SIGNATURE OF ShoeSchool.com: _____

PRINT ON THIS LINE: _____

DATE: _____

.....
Student agrees to allow "ShoeSchool.com" to photograph, record, video tape or reproduce in any fashion whatsoever, student during the workshop. Student further releases to "ShoeSchool.com" the right to utilize such recording of student for any purpose whatsoever without further notice, compensation or agreement.

SIGNATURE: _____ **DATE:** _____

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ShoeSchool.com
P. O. Box 1349
Port Townsend, Washington 98368
Telephone / Fax: (360) 385-6164

<p>Instructions</p> <ol style="list-style-type: none">1. Print and Complete the Application2. Fax or Mail directly to ShoeSchool
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