

Out of the Ashes

(360) 770-2404 (360) 770-9715

16986 Field Rd.

Bow, WA 98232

Please check one _____ Returning member _____ New Member

Name: _____ Birthday: _____

Address: _____

City: _____ Zip Code: _____

Parent or Guardian name: _____ Phone: _____

Email: _____

How did you hear about us? _____

Please call or email us, at musicman@wavecable.com, for pricing information.

Payment Policy

Billing will be mailed at the beginning of each month for the coming month.

Payment is due by the 15th of that month. If payment is not received by the 15th, there will be a \$5 late charged assessed.

(Payment will be due in full regardless of missed sessions.)

Safety Policy

It is the responsibility of Out of the Ashes to provide a music service only. We are not responsible for administering medication or monitoring behaviors. We expect caregivers or parents to be present at the time of service if that is necessary.

I have read and understand this application

Signature: _____ Date: _____

Photographic Release

I authorize the release of all rights to images, video and audio of myself, or my dependant child/client for publishing and/or promotional purposes for Out of the Ashes . Pictures will not be sold or gifted. I further understand that there will be no compensation for use of such media imaging.

YES _____

NO _____

www.outoftheashes.us