

# FORMS

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*Return all forms (except the Exhibit Form) to:*

**Barbara Davis, Guild School Director**  
3485 North Main Street  
Soquel, California 95073  
831-464-4638 (landline) • 831-325-6833 (mobile)  
guildschooligma@gmail.com (scan and email)

All these forms are posted on the website [http://igma.org/guild\\_school/index.html](http://igma.org/guild_school/index.html).  
Click on *The Guide* button, click and download Forms, type responses, save, attach to an email and send to [guildschooligma@gmail.com](mailto:guildschooligma@gmail.com). Please note that you must download the forms first on to your desktop.  
Otherwise, you won't be able to save it.

## ***The Guide* Forms Checklist**

	<b>FORM</b>	<b>DUE</b>
A	General Information and Room Assignments	April 15
B	Release of Liability and Publicity Release	April 15
C	Medical Information	April 15
D	Early Arrival/Late Departure and Airport Shuttle	May 15
E	School Exhibit	July 1
	Bring Exhibit Item (s)	July 24
	Bring Auction Item (s)	July 24

Please download the form to your computer. Fill out the form. Then you can save the data typed into this form. Email completed form as an attachment to guildschooligma@gmail.com.

## FORM A

DUE APRIL 15

# General Information and Room Assignment

Indicate how you would like your name to read on your name badge:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

My Guest's First and Last Name \_\_\_\_\_

Do you want your email address listed in the school program?  Yes  No

Are you a member of the International Guild of Miniature Artisans (IGMA)? Please check one.

General Member  Family Member  Artisan  Fellow  Not a Member

How did you hear about the Guild School? (for first-year students only, please check any that apply)

friend  magazine ad  website/social media  a show  IGMA mailing

Indicate any food preferences:

Instead of lobster at the Lobster Cookout, I would like for myself:  veggie  steak

Instead of lobster at the Lobster Cookout, my guest would like:  veggie  steak

I am a vegetarian.  My guest is a vegetarian.

Check ALL the following appropriate boxes for your rooming assignment:

- female  male  couple  
 shared room (included in tuition)  private/single room (extra cost)  off-campus  
 smoker  non-smoker  
 Leavitt Hall room preferred, if available (extra cost)  
 Graduate Apartment preferred, if available (extra cost)  
 Handicapped parking required. You must have your permit with you at school.  
 I will be a Guild School Buddy; put me with someone attending for the first time!

Fill in this information, if applicable:

If you have a roommate preference, please indicate:

If you have a suitemate preference, please indicate:

If you require a room near an elevator, please indicate the medical reason for this request:

If you are rooming off-campus:

Where will you be staying? (i.e., inn, rental)

Choice of meal plan (check any that apply):

- No meals on campus or pay per meal  Opening Banquet  
 Meal Plan A (all lunches and three dinners)  Lobster Night Dinner (lobster, steak, or veggie)  
 Meal Plan B (all lunches and all dinners)  Graduation Banquet

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## FORM B

DUE APRIL 15

# Release of Liability and All Claims

I, \_\_\_\_\_, am/will be a Student/Instructor/Guest at THE GUILD SCHOOL. I recognize  
(Print Name)  
and understand the following facts and conditions of my use of the facilities, equipment, machinery, lessons, and instructions at THE GUILD SCHOOL.

1. The tools, machinery and equipment provided for use at THE GUILD SCHOOL can be dangerous and can cause serious bodily injury if not used safely and properly and in accordance with all operating instructions.
2. The use of any tools, equipment, or facilities after ingestion of any alcohol or prescription medication, which may impair my reflexes, vision, or concentration is strictly prohibited.
3. I will direct any questions or lack of understanding about machinery, equipment, or how to do a project to an Instructor at THE GUILD SCHOOL before attempting the task or project.
4. I will report any misuse or abuse of the tools, equipment, or facilities to the appropriate Instructors at THE GUILD SCHOOL.
5. I will do all possible to obey and follow all rules, regulations, and safety practices at THE GUILD SCHOOL.

I both recognize and understand that despite all precautions, that accidents do in fact happen, and injuries occur and in consideration of my association with THE GUILD SCHOOL and my use of THE GUILD SCHOOL'S facilities and equipment, I do hereby remise, release, and forever discharge THE GUILD SCHOOL, its officers, directors, employees, agents and servants, and all other firms or corporations from all manner of actions, suits, claims and demands, in law or equity from any and all liability arising out of my association and use of the facilities, equipment, and machinery at THE GUILD SCHOOL on my behalf of my personal representatives, heirs, and/or beneficiaries.

I have read and understand all terms printed above and especially the RELEASE OF LIABILITY CLAUSE and sign this document on my own free will and volition recognizing I need not sign and/or participate in this program provided by THE GUILD SCHOOL.

Name (Signature) \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

## IGMA Publicity Release

I hereby authorize The International Guild of Miniature Artisans (IGMA) to utilize my photograph and/or likeness and any endorsement statement(s) I may provide them in any form of publicity they deem appropriate. I further acknowledge that I will not receive compensation in any form in exchange for such photos and/or statements, and that IGMA shall have no liability resulting from the use of such photographs or statements. I further agree that any photographs of me taken by or given by me to IGMA for publicity purposes shall remain the property of IGMA and will not be returned.

Name (Signature) \_\_\_\_\_

Date \_\_\_\_\_

Name (Print) \_\_\_\_\_

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**FORM C**  
**DUE APRIL 15**

# Medical Information

If a spouse or other guest will accompany you, it is necessary that a medical form be filled out for them also. Please make a copy of this form. Don't forget to bring your health insurance card with you. Please note a "yes" if you have the condition even if you are under treatment and it is controlled. This information will remain confidential. However, in the event of an emergency, it may be necessary to provide data to first responders for effective medical intervention.

**NAME** \_\_\_\_\_

Do you have cardiac dysrhythmia (arrhythmia or irregular heart beat or rhythm)? If so, what is it called?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have any implanted devices (pacemaker, cardioverter, defibrillator) to control this condition? What do you have?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have diabetes?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you ever had a seizure or convulsion? If so, when did it last occur?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have a hearing impairment?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have allergies or sensitivities to any medications, foods, or other substances? If yes, please list:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have high blood pressure/hypertension?	<input type="checkbox"/> yes	<input type="checkbox"/> no
In case of power outage, do you have any equipment which requires an emergency power source? If yes, please list:  Or requires refrigeration? (i.e., CPAP, insulin) If yes, please list:	<input type="checkbox"/> yes	<input type="checkbox"/> no

Is there any illness, medical problem or physical condition not mentioned, that we should be aware of (e.g., respiratory, risk of bleeding, previous surgeries)? If so, please specify:

Please list all medications (prescription and over the counter) that you are taking. Include dosage and frequency. Also, indicate if the medication cautions against operating machinery while taking it.

**List two people we can notify in case of emergency.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**In case of emergency, please list your doctor.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Although not necessary, it would be helpful if you provided all pertinent information regarding your health insurance, in the event your insurance card is lost or left home.

Carrier \_\_\_\_\_

Card Number \_\_\_\_\_

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## FORM D

DUE MAY 15

# Early Arrival/Late Departure

NAME \_\_\_\_\_

Fill out and return this form **ONLY** if you are requesting to make arrangements to arrive earlier or depart later than our reserved dates. Indicate how you will make payment for the additional day(s). Our reserved dates are:

Instructors..... July 23 (arrival) & July 31 (departure)

Students and Guests..... July 24 (arrival) & July 31 (departure)

Instructors: If you wish to arrive earlier than Friday, July 23, please indicate date: \_\_\_\_\_

Students: If you wish to arrive earlier than Saturday, July 24, please indicate date: \_\_\_\_\_

Guests: If you wish to arrive earlier than Saturday, July 24, please indicate date: \_\_\_\_\_

Anyone, including School Committee members:

If you wish to depart later than Saturday, July 31, please indicate date: \_\_\_\_\_

## Airport Shuttle

Fill out and return this bottom portion of the form **ONLY** if you are requesting to make arrangements for the Airport Shuttle to transport you to and from Bangor Airport. The cost of the Shuttle is \$50 one way and does not include gratuity. If you will be arriving in Castine by vehicle (your own or rental car, or in a friend's car), you don't need to fill this part out.

NAME \_\_\_\_\_

ARRIVAL DATE \_\_\_\_\_

DEPARTURE DATE \_\_\_\_\_

Time of Arrival \_\_\_\_\_ • AM • PM

Time of Departure \_\_\_\_\_ • AM • PM

Airline \_\_\_\_\_

Airline \_\_\_\_\_

Flight Number \_\_\_\_\_

Flight Number \_\_\_\_\_

Arriving from (*connecting airport*) \_\_\_\_\_

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**FORM E**  
**DUE JULY 1**  
**2021 School Exhibit**

**Thank you for bringing something special for the School Exhibit!**

**Please return form to:**

Audrey Tripp, Exhibit Coordinator  
418 West Home Avenue, Hartsville SC 29550  
843-409-0404  
atripp58@earthlink.net

The School Exhibit will be open Saturday, July 24, 9:00 AM to 4:00 PM to receive your item(s). Please plan to pick up your item(s) on Thursday, July 29, between noon and 5:30 PM so the room can be prepared for the Friday evening exhibit of student projects.

**NAME of person bringing item** \_\_\_\_\_

**Item #1** \_\_\_\_\_

Made by \_\_\_\_\_

Description and size of item

When made or collected? \_\_\_\_\_ Need Electricity? \_\_\_\_\_

**NAME of person bringing item** \_\_\_\_\_

**Item #2** \_\_\_\_\_

Made by \_\_\_\_\_

Description and size of item

When made or collected? \_\_\_\_\_ Need Electricity? \_\_\_\_\_

**NOTE: Please add to this page if you wish to bring more than two exhibit items.**