

# Registration Form

Madeira Watercolor Plein Air Workshop - Oct 30 - Nov 13, 2025

Print Name: \_\_\_\_\_

(as shown on Valid ID: Passport for International or State ID for Domestic)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I'm a painter     I'm a non-painter

**ACCOMODATIONS:** # of Rooms are limited in each option and available on a 1st come, 1st served basis

**I wish to share a room with another painter.**

Specify name of other painter if known: \_\_\_\_\_

**I prefer a single occupancy room.**

**I prefer a painter and non-painter shared room.**

Full Name of Companion: \_\_\_\_\_

**ROOM CHOICE:** Each room includes two twin or one double bed. Twin beds are 1.95m x 0.95m (6ft x 3.11ft) , the size of the double bed is 1.95m x 1.80m (6ft x 5.9ft).

**Standard Room**                      or                       **Jr Suite**

**2 Twin Beds**                      or                       **1 Double Bed**

**PAYMENT METHOD:**

**INITIAL DEPOSIT:** Please register and pay on [www.ericwiegardt.com](http://www.ericwiegardt.com) or mail a check for \$500 to: Wiegardt Studio Gallery - PO BOX 1114 - Ocean Park, WA 98640 indicating which workshop you would like to attend.

**WORKSHOP BALANCE (select one):**

**I prefer to mail a check.**

**I prefer to pay with credit card.** Please send me an invoice through the website

(payable directly through the website or call the gallery to process credit card payment.)

**\*\*Balances paid via credit card will incur an additional 4% fee\*\***

**MEDICAL or DIETARY RESTRICTIONS:**

**EMERGENCY CONTACT NUMBER AND NAME:**

Print Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

In signing below we accept that you have read the brochure and understand and agree to the terms and conditions set forth in the responsibility clause and cancellation policy.

**SIGNATURE:** \_\_\_\_\_

\*Remittance of this Registration Form and the Responsibility Clause can be emailed to [gallery@ericwiegardt.com](mailto:gallery@ericwiegardt.com) or mailed to: Wiegardt Studio Gallery—PO Box 1114—Ocean Park, WA 98640

# Responsibility Clause

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Wiegardt Studio Gallery (WSG) employees, Eric and Ann Wiegardt, successors, or assigns are not liable for any negligent or willful act or failure to act, of any person, third party or entity which is to, or provides goods or services including but not limited to: transportation companies, equipment suppliers, food service providers of any kind, etc.

I acknowledge that I am voluntarily participating in this trip with the knowledge of the inherent risks and dangers involved including but not limited to: negligence on the part of WSG, its employees, Eric and Ann Wiegardt, physical exertion, forces of nature, transportation failures, consumption of alcohol, risks with food or impure water, civil unrest, terrorism, criminal activity, wild or other animals, failure of equipment, accident or illness without means of evacuation or availability of medical supplies or services or adequacy of medical attention once provided, and lost/stolen/or misplaced luggage or property.

I hereby agree to be responsible for my own welfare and accept any and all risks of delay, un- anticipated events, inconvenience, illness, injury, emotional trauma or death.

I hereby release and discharge forever WSG and employees, Eric and Ann Wiegardt from and against any and all liability arising from my participation in this trip.

I agree that this release is legally binding upon me, all members of my family and all minors travelling with me, my family and their heirs, successors, assigns, and legal representatives, it being my intention to release WSG and employees, Eric and Ann Wiegardt, successors, affiliates, and assigns from any and all liability to the maximum extent by laws of both in the United States or outside of the United States.

I acknowledge that to participate, I will require a valid ID (State ID for domestic or Passport for international workshops), and that WSG reserves the right to remove me or any participant it judges incapable of meeting the rigors of activities or who detracts from the enjoyment of the trip by others. I will follow all safety rules presented to me either written or oral by Wiegardt Studio Gallery (WSG).

I acknowledge and accept the following cancellation policy; For cancellations prior to March 1, 2025, all money will be refunded minus the \$50 non-refundable fee. For cancellations between March 1, 2025 to June 1, 2025, all money will be refunded minus the \$500 administration fee. After June 1, 2025, cancellations must be in writing; no money will be returned to the applicant unless that individual's space can be resold. If the space is resold, all monies will be refunded minus the \$500 administration fee. No refund will be given to an applicant who does not participate or complete the workshop or field activities.

Eric Wiegardt reserves the right to cancel for any reason. All payments will be reimbursed to the participants immediately upon cancellation.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Failure to fill out the Registration Form and accept the Responsibility Clause will be considered an invalid registration and will remove you from the Madeira Plein Air Workshop list. All participants (Painters and Non-Painters) are required to complete both the Registration Form and the Responsibility Clause.

**Scan the QR Code to fill out this form and pay deposit directly on our site [ericwiegardt.com](http://ericwiegardt.com)**

