Registration and Payment Steps

- 1. Please fill out this form and send it to us by email to info@icreate.ca.
- 2. Submit a \$240 non-refundable deposit at the time of the booking.
- 3. Submit the remainder of the fee based on the total number of participants at least 7 days before the day of the party. Preferred method of payment: e-transfer to info@icreate.ca.
- 4. Distribute Health Preventive Protocol shown on page 2 to all participants to inform them about our studio's health preventive measures.

Changes and refunds

A party can be cancelled with a refund minus cancellations, or reduction of the number of unable to attend due to sickness, or for any o	participants less than 7 da			
Participant age, number of participants	ther reasons.			
Minimum participant age: 18 yrs	Maximum number of pa	articipants: 14		
* Workshop date:	* Time:	* Number of par	rticipants*:	*
* Please let us know of the change in the				mber of participants is 6.
* Party option	1 × .	Fee	* A	Total cost
Option 1 (2h) art activities only	\$35.4	0 + HST = \$40 per pers	on.	
Option 2 (2h 30min) art activities and refi * All food and drink items must be supplied by the par We provide disposable plates, utensils, cups, napkins	ty organ <mark>izer.</mark> and table coverings.	5 + HST = \$50 per pers	option is currently offere	
\$50 charge ap <mark>plies for parties hel</mark> d at the bo	ooking person's location. T	he party host is respons	sible for setting up th <mark>e w</mark> o	rk space for the arts.
* Name, phone and email of the person bo	oking the party:		A / * 3	\
* * *			***	*
* Pick art theme (see picture examples of t	ne art themes on our webs	cite)		***
* * * *	*/ *	act Garden	Abstract Heart Lar	addina.
	DE ADSIR	act Garden	Abstract Heart Lar	luscape
Notes:	**	* / * *	***	**
* *		*		
* Would you like to receive occasional email	updates about our progra	ms: YES	NO NO	
Allergies and health issues of party partic Person(s) booking the workshop are respo	-/	ed to allergies or health	conditions of the participa	ants.
Disclaimer:	*	/ / **	/ /	// ¥
COVID-19 Preventive Protocol	\ \ ** / */		\'	
I have read and I will fully adhere to the COVID-19 to all workshop participants.	Preventive Protocol shown or	n p. 2 of this document. Fu	ırthermore, I will distribute th	e COVID-19 Preventive Protoco
Payments, Cancellations, Refunds	/	/. 🙀	*pt	
A party can be cancelled with a refund minus a no				
the reduction of the number of participants less the sickness, or for other reasons.	nan / days before the worksho	op date. Refunds are not a	pplicable for non-shows, pers	ions unable to attend due to
Additional participants can be added at per perso	n cost at any time given the a	vailability of space and ma	aterials - please check with the	e iCreate staff.
Safety waiver				
Registrants' safety is the iCreate's staff highest pri injuries, damages or losses I or participants I have breaks, participants' drop-offs and pick-ups and o booked with iCreate may sustain while participati	registered may sustain while ther. I hereby accept full respo	participating in iCreate wo onsibility for any injuries, d	orkshop or related activities, su	uch as recesses, personal
Allergies and health conditions				
Person(s) booking the iCreate workshop assumes	a full responsibility for any iss	ues related to allergies or l	health conditions of the works	shop participants.
In case of emergency In case of an emergency I authorize iCreate staff to	a arrango any nococcary modi	cal traatment from a licens	sad baalth sara provider for m	o or the workshop
participant(s).	arrange any necessary medi	cai treatment from a licens	sed fleatth care provider for in	
v a				rksc
* Signature:	* Date:			Tim Lakeshore Hortons RdW
			rkson Rd S, Unit 102 ssauga, ON, L5J 2V8	Rd S

info@icreate.ca

Parking

COVID-19 and Other Respiratory Illnesses Preventive Protocol

(To be distributed by the party organizer to all birthday party participants)

- Facial masks are optional.
- Due to health considerations and limited space <u>only party participants</u>, <u>up to two adults (at the children party)</u>, and iCreate staff members can remaining in the studio for the duration of the party.

Parents/guardians dropping off or picking up their kids are asked to stay outside of the studio.

- The registrant is not allowed to attend the birthday party if he/she exhibits any respiratory illness or COVID-19 symptoms. Please follow <u>Public Health isolation measures</u> if you or any of your household members or close contacts exhibit COVID-19 symptoms.
- We also require from our program participants or their parents to conduct a <u>screening</u> <u>for respiratory illness symptoms prior to coming to the party.</u> If the participant or any of his/her household members are exhibiting any of the symptoms listed below you must not attend the party.

<u>List of symptoms to screen for before coming to the party:</u>

- o Fever or chills
- o Cough
- o Shortness of breath
- o Decreased or loss of taste or smell
- o Runny nose or nasal congestion
- o Headache
- o Extreme fatigue
- o Sore throat
- o Muscle aches or joint pain
- o Gastrointestinal symptoms (such as vomiting or diarrhea)

For a full list of symptoms please see this Government of Canada website

We kindly request a strict adherence to these measures in order to minimize the risk of COVID-19 infections among our registrants and our staff.