



REQUIRED FOR ALL PROGRAMS

LIABILITY RELEASE

All students (or their parent/guardian for minors) must complete this form before participating in any Sewing Arts Lab program.

1. YOUR AGREEMENT

By agreeing to this release form, you agree to be bound by, and to comply with, these Terms and Conditions.

2. CONSENT, ASSUMPTION OF RISK & LIABILITY RELEASE

In consideration of the individual, Carmen Grammer acting in an effort to conduct Sewing Arts Lab ("Program") granting myself and child(ren) ("Minor" or "Minors") the opportunity to participate in Sewing Arts Lab ("Program").

I, the undersigned, and the parent/guardian of the minor child listed below ("Minor") and as the parent/guardian of second minor child listed below ("Minor #2"), am aware that there are certain risks of injury and/or damage inherent in the Program's activities and this waiver and release will apply to the current and future instances;

I will follow and/or instruct the Minor(s) to abide by all safety rules, policies and regulations and to take reasonable precautions to minimize risks of injury or damage arising from participation in the Program;

I give my consent to have the Minor(s) participate in all aspects of the Program;

I knowingly assume full responsibility for all risks of bodily injury, emotional injury, death or property damage that may occur in relation to myself and/or the Minor(s) as a consequence of participation in the Program at the Program;

I, the undersigned, waive all rights of recovery which the Minor(s) or I have now or in the future, whether known or unknown, against the individual Carmen Grammer, or other entities associated with location of Program, its officers, agents, employees and/or personnel, and I release, acquit and forever discharge the individuals Carmen Grammer, entities associated with location of Program and their personnel from and all liability for any bodily injury, emotional injury, death or property damage that may occur in relation to myself and/or the Minor(s) as a consequence of participation in the Program.

3. MEDICAL TREATMENT AUTHORIZATION & PHOTO/VIDEO RELEASE

I understand that the Program has no obligation to obtain medical treatment for myself and/or the Minor(s). Should it become necessary for I and/or the Minor(s) to have emergency medical care while participating in the Program, I hereby give the Program personnel my permission to use their judgment in obtaining medical care, and I give permission to the medical care provider selected by the Program personnel to render medical care deemed necessary and appropriate; I understand that the Program at it's sole option but without obligation may procure insurance to cover part or all of such medical expenses incurred by myself and/or the Minor(s); I understand and agree that any cost incurred for such treatment which is not covered by insurance shall be my sole responsibility;

I also authorize the Program and its agents to make, procure and/or use photographs, films, tapes, digital media recordings or other likeness of myself and/or the Minor's physical image and/or voice as for use with the Program's publicity, marketing and/or advertising materials;

I agree to be legally bound by signing physically or digitally this registration and waiver release forms and extend this binding to the Minor(s) and/or myself as a program participant.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS OF MYSELF AND MY CHILD, INCLUDING THE RIGHT TO SUE. THIS AGREEMENT SHALL BE BINDING UPON ME AND MY HEIRS, MY CHILD, LEGAL REPRESENTATIVES, AND ASSIGNS, AND SHALL INURE TO THE BENEFIT OF SEWING ARTS LAB AND THEIR SUCCESSORS AND ASSIGNS.

STUDENT INFORMATION

STUDENT 1 NAME *

STUDENT 2 NAME (if applicable)

PARENT / GUARDIAN

FULL NAME *

EMAIL *

PHONE *

ADDRESS

I have read and agree to all terms above, including the liability release, waiver, and photo/video authorization. *

SIGNATURE

SIGNATURE *

DATE *

PRINT NAME *
