



Participant Profile Form and Terms Agreement

Participant Information

Participant's Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Participant's E-Mail _____

Phone _____ Fax _____

Emergency Contact 1: _____

Name

Relationship

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact 2: _____

Name

Relationship

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

How do you want to use what you learn at The Stitch Institute?

Contract

1. This contract constitutes the full understanding of the parties hereto and no change, modification or waiver of any of the terms hereof shall be effective unless in writing and signed by both parties.
2. The Participant understands that The Stitch Institute is not a formal educational institution and does not award credits of any kind that can be used toward or transferred into any degree granting program offered through any formal educational institution. The Stitch Institute is a series of courses offered as a component of M.G. Ballard Designs.
3. Participant agrees to pay the total fees for courses, workshops and/or programs they enroll in. Fees include instruction and use of equipment (where applicable). Additional fees may be required to pay for any required books, basic sewing supplies, and materials needed to complete projects.
4. M.G. Ballard Designs, Marva G. Ballard, and other Program staff, Contracted Instructors, Sponsors, Partners and/or volunteers will be held harmless in the event of any injuries, medical bills or property damages that may result from a Program activity.
5. For the safety, welfare and proper maintenance of all the Program Participants, M.G. Ballard Designs Ballard reserves the unrestricted right to dismiss a Participant whose conduct or influence is inimical to the best interest of the Program in the considered opinion of the director. Such conduct or influence includes, but is not limited to: any observation or discovery of the use or possession of weapons, drugs or drug-related implements, stimulants or intoxicating beverages, damaging or defacing of property and/or equipment, smoking, possession of cigarettes, refusing to participate in Program activities, not complying with Program rules or procedures, inappropriate behavior, inappropriate intimate behavior, and use of inappropriate language. We do not assume a legal obligation to administer prescription meds & failure to do so does not excuse Participant from following rules or appropriate behavior. Any of the above conduct may subject the Participant to dismissal and in a case where the inappropriate behavior presents an immediate danger or sense of discomfort among the other Participants, the Participant will be asked to leave immediately and, if necessary, escorted out by means of assistance through security or law enforcement.
6. The venue and place of trial of any dispute that may arise out of this agreement or otherwise, to which M.G. Ballard Designs or its agents, is a party, shall be in the state of Alabama. In the event that M.G. Ballard Designs retains the services of an attorney to enforce its rights under the terms of this contract if successful, whether after litigation or through settlement, M.G. Ballard Designs shall be entitled to reimbursement for its legal fees and costs. In the event that any portion of this agreement is deemed void or unenforceable for any reason, it shall not affect the balance of the agreement which shall be enforced in the manner designed to give M.G. Ballard Designs the fullest benefit and protection represented by this agreement.
7. In the event of an emergency in which the parent(s), guardians, or emergency contact persons can not be reached, the undersigned hereby gives permission to the physician or hospital selected by the Program to hospitalize, secure proper treatment for, and to order injection, anesthesia, medicine, X-ray, surgery or any other medical treatment for the Participant and to use the Participants or the Participant's Parent or Guardian's medical deposit or insurance policy to pay for these services.
8. The Program assumes no responsibility for the acts done by Participants when in violation of Program rules, local, state or federal laws. The Program is not responsible for losses of personal property or acts done by Participants or other persons while off the Program site premises.

PARTICIPANT'S SIGNATURE:

NAME _____ DATE _____