

RELEASE AND WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

no student may attend class without this form

I acknowledge for myself and, if applicable, on behalf of my child, the following: I agree to release and hold harmless Christine Shirley LLC® Sewing Studio from any and all claims or liability related to any accident that may arise as a result of my and/or my child's participation in this program. I understand that sewing includes the use of machines, needles, scissors and other tools. These activities include risks that can cause or lead to injury. I grant permission to operate machines and to use tools and equipment. I give permission for first aid and/or medical treatment to be given if the need arises.

I am the legal parent or guardian of the Student. The Student will be taking classes, workshops, or other activities at Christine Shirley LLC® Sewing Studio. I am aware that the activities at Christine Shirley LLC® Sewing Studio often involve using equipment that can cause injury.

I understand that it is my responsibility to decide if the Student is qualified to participate in the activities, and I assume all risks and accept personal responsibility for any potential damages arising from their participation.

I will instruct the Student to carefully listen to and follow all safety and other instructions given by Christine Shirley LLC® Sewing Studio staff and to inform Christine Shirley LLC® Sewing Studio staff if they are in any way unsure of how to use specific equipment.

I understand Christine Shirley LLC® Sewing Studio may take group and individual photos (or videos) of Students participating in the activities for use (without identifying information such as the Student's name) on the website, in brochures, and other marketing, and I allow Christine Shirley LLC® Sewing Studio to do this without any compensation. I give my permission for my child or myself to be photographed for potential marketing purposes: yes _____ no _____

If the Student is injured in any way at Christine Shirley LLC® Sewing Studio and I am not present, I give my consent to have Christine Shirley LLC® Sewing Studio for any medical personnel help in the way they see fit, including arranging for emergency transportation to a local hospital. I'm aware that the cost of any medical transportation or assistance will be my own responsibility.

I agree to hold harmless Christine Shirley LLC® Sewing Studio and its staff for any issues that arise from the Student participating in the activities.

I have read and understood the above. Christine Shirley LLC® Sewing Studio reserves the right to suspend a participant in a program due to inappropriate behavior. No refunds will be given for any participant who has been suspended from a program. There are NO refunds or credits for student absences. There is a \$25.00 fee for returned checks. We will keep this waiver on file at Christine Shirley LLC® Sewing Studio and it will apply to any future activities of the Student at Christine Shirley LLC® Sewing Studio

Student Name: _____

Birthdate: MM _____ DD _____ YY _____

Parent Name (if applicable): _____

Signature: _____ Date: _____

Email * _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: (_____) _____

Emergency Contact (cell): (_____) _____

Any special needs we should know about? _____

* We will add you to our monthly email news so you can hear about upcoming classes & events - you can opt-out at any time!