

CAROL'S SEWING STUDIO, LLC

MINOR/CHILD RELEASE AND WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

- I am the legal parent or guardian of the Student.
- The Student will be taking classes, workshops, or other activities from Carol's Sewing Studio, LLC.
- I am aware that the activities offered by Carol's Sewing Studio, LLC involve using equipment and tools 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, including any injuries to the Student, 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 the Carol's Sewing Studio, LLC instructor and to inform the Carol's Sewing Studio, LLC instructor if they are uncomfortable in the operation of the sewing machines.
- If the Student is injured in any way during a Carol's Sewing Studio, LLC activities and I am not present, I give my consent to have the Carol's Sewing Studio, LLC instruction or 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 understand Carol's Sewing Studio, LLC may take group and individual photos (or videos) of Students participating in activities for use (without identifying information such as the Student's name) on the website, in brochures, and other marketing, and I allow Carol's Sewing Studio, LLC to do this without any compensation. (Please initial by bullet in left margin to opt out of this.)
- I agree to hold harmless Carol's Sewing Studio, LLC and their instructors for any issues that arise from the Student participating in the activities.
- Carol's Sewing Studio LLC will keep this waiver on file and will apply it towards any future activities of the Student in other Carol's Sewing Studio, LLC Sewing Classes.

Student Name: _____

Student Birthdate: MM _____ DD _____ YY _____

Parent / Guardian Name: _____

Signature: _____ Date: _____

Address: _____

City: _____ Zip: _____

Parent/Guardian Phone: (_____) _____ - _____

Alternate Emergency Contact (cell): (_____) _____ - _____

E-mail * _____ @ _____ . _____

* We will e-mail upcoming classes and events. You have the choice to opt-out of the e-mails at any time by notifying Carol's Sewing Studio, LLC at carolssewingstudio@outlook.com.