

FIRST STITCHES LLC SEWING CLASSES

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 First Stitches LLC Sewing Classes.
- I am aware that the activities offered by First Stitches LLC Sewing Classes 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 First Stitches LLC Sewing Classes instructor and to inform the First Stitches LLC instructor if they are uncomfortable in the operation of the sewing machines.
- If the Student is injured in any way during a First Stitches LLC Sewing Classes sewing class and I am not present, I give my consent to have the First Stitches LLC Sewing Classes 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 First Stitches LLC Sewing Classes 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 First Stitches LLC to do this without any compensation.
- I agree to hold harmless First Stitches LLC Sewing Classes and their instructors for any issues that arise from the Student participating in the activities.
- First Stitches LLC Sewing Classes will keep this waiver on file and will apply it towards any future activities of the Student in other First Stitches LLC Sewing Classes.

Student Name: _____

Birthdate: MM _____ DD _____ YY _____

Parent / Guardian Name: _____

Signature: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: (_____) _____ 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.