

AGREEMENT & WAIVER

Activity: _____ Date(s): _____

Waiver/Release of All Claims and Emergency Treatment Permission

Please read this form carefully and be aware that by signing this form and participating in the program, class, workshop, camp, or event ("Activity") listed above that you will be waiving and releasing all claims for injuries you or your children might sustain arising out of this Activity.

Release and Hold Harmless Agreement

As a participant in this Activity, I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I or my children may have as a result of participating in this Activity against *Build It Workspace, Inc.* ("Build It") and their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns from and against any and all claims, suits, or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my children arising out of, in connection with, or in any way associated with this Activity.

Emergency Treatment Permission

In case of accident or other emergency, personnel of Build It and/or their agents, are hereby authorized to secure medical care deemed necessary by them, as a result of that accident or injury, for me or my children at my cost and expense. I understand that Build It does not provide medical insurance for Activity participants. I agree that any person or entity, including any doctor, or healthcare provider, may rely on a photocopy of this document the same as if it were an original.

Photo Release

I also give my permission to Build It to photograph me or my child participating in this event or activity for advertising purposes for Build It and acknowledge I will not receive any compensation for such use.

Acknowledgement

I have read and fully understand the registration policies, the "Release and Hold Harmless Agreement", the "Emergency Treatment Permission" and the "Photo Release". This release and medical authorization form is completed and signed of my own free will even though I understand it is a requirement for participation in the Activity. I represent to Build It that I am familiar with the Activity and its physical demands and I attest and verify that the participant, whether myself or my child is physically fit for this Activity.

This waiver must be signed by all participating adults 18 years and over, and by a parent or Guardian for participants under age 18.

Student's Name

Date of Birth

Medications/Allergies

Parent/Guardian Name: _____ **Relationship to Child(ren):** _____

Address: _____

Email: _____ **Phone:** _____

Emergency Contact: _____ **Contact Telephone:** _____

Address: _____ **Relationship to Child(ren):** _____

Other Info: _____

Parent/Guardian Signature: _____ **Date:** _____

Referral source: Web Search Google Driving by School Friend _____ Other _____

