

# 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 a parent or Guardian for participants under age 18.*

Student Name	Date of Birth	Allergies
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

## 1. Parent/Guardian Information:

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## 2. In addition to the parent/guardian listed above, my child(ren) may be released to:

Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

## 3. Special Instructions or Other Information :

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referral source:  Web Search  Google  Driving by  School  Friend \_\_\_\_\_  Other \_\_\_\_\_

