

# Arts & Crafts Workshop Participant Waiver Form

## Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

## Emergency Contact

Contact Name

Contact Phone

Relationship

## Medical Information

Please list any allergies, medications, or medical conditions

## Waiver and Release of Liability

I acknowledge that participation in the Arts & Crafts Workshop involves the use of materials or equipment that may cause injury. I hereby release and discharge the organizers, volunteers, and the venue from all liability, claims, demands, or causes of action for any injuries, losses, or damages sustained as a result of my participation in this workshop. I confirm that I have read and understood this waiver and agree to these terms

voluntarily.



I have read and agree to the waiver and release of liability.

Participant Signature

Date

### **For Participants Under 18**

As parent or legal guardian, I hereby give permission for my child to participate in the Arts & Crafts Workshop and agree to the terms above.

Parent/Guardian Name

Parent/Guardian Signature

Date