

# Participation Registration

Thank you for participating in this Creative Junk Therapy event. Your health and safety is important to us. Please complete the information below so we can provide the best experience.

\* Indicates required question

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1. Name of Event \*

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2. Date of Event \*

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*Example: January 7, 2019 11:03 AM*

3. Guardian Name

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4. Address \*

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5. Cell Phone \*

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6. Email

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7. Participant Name and Age \*

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8. Participant Name and Age

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9. Participant Name and Age

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10. Participant Name and Age

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11. Participant Name and Age

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12. **Please disclose important information regarding behavior, conditions or dietary issues.**

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## Agreement for Participation

### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in the event

at Creative Junk Therapy. I understand the nature of this activity and that I am able to participate in such activity. I

acknowledge that if I believe event conditions are unsafe, I will discontinue participation in the activity. I fully understand that this

activity may involve risks, caused by my own actions, or

inactions, those of others participating in the event. I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my

participation in the activity. I have read the RELEASE

AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT,

understand that I have given up any substantial rights by signing it and have

signed it freely and without any inducement or assurance of any nature and

intend it to be a complete and unconditional release of all liability to the

greatest extent allowed by law.

### GUARDIAN CONSENT

AND I,

the participant's legal guardian, understand the nature of the

activities, experience and capabilities and believe they are able to participate in such activity. I hereby

AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of

the releases from all liability, claims, demands, losses, or damages on the participant's account caused or alleged to be caused by the

negligence. Despite this release, the participant, or anyone on the

participant's behalf makes a claim against any of the above, I WILL

INDEMNIFY, SAVE AND HOLD HARMLESS any litigation

expenses, attorney fees, loss liability, damage, or cost that may incur

as the result of any such claim. I hereby authorize Creative Junk Therapy to

seek medical attention including transportation to a medical facility for me

and/ or the person attending this event. This would include any problems in

the medical history of anyone attending our events. This would include any

allergic reactions that this person may have.

### 13. Acceptance of terms and conditions \*

*Check all that apply.*

I have read and agree to the terms above