

Child Participation Registration Creative Junk Therapy Event



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

Name of Event _____

Date/Time of Event _____

Guardian Name: _____

Address: _____

Cell Phone _____

Email: _____

Participant Name _____ Age _____

Participant Name _____ Age _____

Participant Name _____ Age _____

Participant Name _____ Age _____

Please disclose any 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 represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below: and that there may be other risks either not known to me or not readily foreseeable at this time: and 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 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 and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations, and further agree that if, despite this release, I the minor, or anyone on the minor's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Release 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 my children attending this event. This would include any problems in the medical history of my children attending our events. This would include any allergic reactions that my child(ren) may have.

I have read and agree to the terms and conditions above.

Guardian Signature: _____