

Manitoba Craft Council Neuroscience Craft Workshop with Ann Stinner Wednesday, March 28, 2018, 1 – 3 pm

## LIABILITY WAIVER AND RELEASE FORM (MINOR CHILD)

THIS IS A RELEASE OF LEGAL RIGHTS - READ AND UNDERSTAND BEFORE SIGNING

I understand and acknowledge that I am fully aware of and assume the risks (including but not limited to the risk of allergic reaction, minor to serious bodily injury, property loss or damage) of said minor child's participation in educational activities at C2 Centre for Craft. I acknowledge that the child's participation in this educational opportunity can only take place with my approval. I acknowledge that during the educational opportunity, the child must follow all applicable safety rules, instructions, guidelines and protocols. I agree that the child's failure to follow these conditions will result in an immediate withdrawal of privileges of the child with regard to the educational opportunity.

Knowing the risks described above, I agree, personally and on behalf of the minor child named above, to assume all the risks and responsibilities surrounding my minor child's use of the facilities and materials. To the fullest extent allowed by law, I agree to release and hold harmless the Manitoba Craft Council and C2 Centre for Craft, its officers, directors, staff, committees and boards, and volunteers from and against any present or future claim, cause of action, loss or liability for injury to person or property, which said minor child may suffer or for which said minor child may be liable to any other person, related to said minor child's participation in educational activities at C2 Centre for Craft, from any cause whatsoever and regardless of fault.

I am at least eighteen years of age and have carefully read and freely signed this Liability Waiver and Release From (Minor Child). I voluntarily sign this form and hereby give permission to the Manitoba Craft Council for emergency transportation and/or treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation and/or treatment. I further certify that my child is in good physical condition, and has no medical or physical conditions that would restrict their participation in this activity. I understand and agree that no oral or written representations can or will alter the contents of this document.

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Name of Child/Minor:
Child/Minor's Age:
Special Medical Considerations (Medications, Allergies):
Physical disability requiring accommodations (if applicable):
Emergency Contact Name and Number:
Name of Parent or Guardian:
Signature (Parent or Legal Guardian):
Date:
Name of Witness:
Signature (Witness):
Date: