

Clothing & Textile Advisors of Washington, Inc.



Name of Child \_\_\_\_\_

Birth Date \_\_\_\_\_

**ASSUMPTION OF RISK**

I understand that there are risks in participating in Kitsap and Olympic Peninsulas Clothing and Textile Advisor (KOP CTA) events and activities.

In consideration for and as a condition of being allowed to participate in the voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or self or loss or damage to my property. I understand that there may be risks that KOP CTA cannot predict or foresee, and I also assume full responsibility for those risks.

Participation in KOP CTA sponsored events and activities may involve risks including but not limited to: injuries sustained while using electrical equipment such as sewing machines, irons, and hot glue guns, or general sewing equipment including needles, pins, scissors, rotary cutters, etc. Further, I recognize that the actions of other participants in the activity or event may cause harm or loss of my child, self, or property.

KOP CTA reserves the right to dismiss any child or adult from participating in activities if they are acting in a careless, dangerous, disruptive, or discourteous manner to others.

**PARENT OR GUARDIAN'S RELEASE OF CLAIMS AND LIABILITY**

I release KOP CTA, CTAW, Inc., its officers, employees, and agents from any and all liability, claims, costs, expenses, injuries, and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury to my child, as a result of/or connected with participation in the KOP CTA sponsored event.

*I have carefully read this document and understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with KOP CTA. I sign it freely and voluntarily. I am the parent or guardian of the child (minor under the age of eighteen) whose name is set forth on this form.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



**Emergency Medical Consent**

In an emergency requiring medical attention or a situation reasonably believed by KOP CTA to be an emergency, I authorize KOP CTA to obtain medical care for my child. I will be responsible for any expenses incurred in doing so, including but not limited to care by health care professionals, hospital care, ambulance or other services. I hold harmless and agree to indemnify KOP CTA, its authorized agents and members from decisions to seek emergency treatment. I voluntarily sign this authorization in consideration for permission for my child to participate in KOP CTA activities. I have read and understand its content and significance.

Name of minor child \_\_\_\_\_ Age \_\_\_\_\_

Name of primary doctor(s) \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Medical Alerts (allergies, chronic illnesses, etc.) \_\_\_\_\_

Medical Insurance Information:

The above named minor child is covered by medical and/or hospital insurance  YES  NO

Primary Insurance Co. \_\_\_\_\_ Phone Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Policy No. \_\_\_\_\_

Secondary Insurance Co. \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contacts:

Primary contact person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Contact if primary is not available \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

I have read, understand, and consent to the foregoing statements. I am the parent or guardian of the minor child whose name is on this form.

Name of enrolled minor \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_ Relationship to enrolled minor \_\_\_\_\_

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**PHOTO and IMAGE CONSENT and RELEASE**

I understand that, unless noted below, I hereby give my consent to Kitsap & Olympic Peninsulas Clothing & Textile Advisors to photograph or videotape, and then use or publish said images of

Print name of minor child \_\_\_\_\_

I agree that photographs or images shall be the sole property of Kitsap & Olympic Peninsulas Clothing & Textile Advisors, with absolute right and permission to use my child's photograph in its educational or promotional materials and publicity efforts.

I hereby release Kitsap & Olympic Peninsulas Clothing & Textile Advisors representatives and assigns from any and all claims whatsoever, in connection with the use, reproduction, publication, of the images thereof.

\_\_\_\_\_  
Name of minor child

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date signed

**I DO NOT give permission**