

LIABILITY RELEASE, PARENT PERMISSION AND EMERGENCY CONTACT FORM

I hereby state that I, _____, am the custodial
parent/legal guardian (please print)

parent or legal guardian of _____, a minor. I therefore, grant
student (please print)

permission for this student to attend/participate in any authorized activities as part of the **Youth Knitting Camp 2009**.

I understand that the **The Knit Studio, LLC** and their affiliated staff will not be liable for any unauthorized leave by the above named student. I further understand that such unauthorized leave will be the responsibility of the student and the parent or the legal guardian as the signatory below.

I, _____, release and save harmless aforementioned parties and any
parent/legal guardian (please print)

and all of its employees, instructors, or volunteers from any and all liability for any and all harm arising to my son/daughter as a result of activities, and waive any claims against them.

In the event of an emergency and if neither emergency contact can be reached; I, the undersigned, authorize **The Knit Studio, LLC** to take any emergency medical measures deemed necessary for the care and protection of my child. This includes, if necessary, treatment by a physician, paramedic, and/or transfer to the hospital. I give permission for limited treatment for minor illness and/or injuries. In case of emergency, the student will be referred to the nearest medical facility for care at the expense of the parent or under insurance provided by the student's insurance.

Please indicate the name of the student's insurance provider _____.

Students should immediately report any injury or illness symptom to the instructor or **The Knit Studio, LLC** staff.

Failure to report such a condition would be the sole responsibility of the student, and the aforementioned parties would not be held responsible in case the situation worsens.

In case of emergency, please contact the following:

Emergency Contact #1	Emergency Contact #2
Name _____	Name _____
Relationship _____	Relationship _____
Home Phone (____) _____	Home Phone (____) _____
Work Phone (____) _____	Work Phone (____) _____
Cell phone: (____) _____	Cell phone: (____) _____

Parent/Guardian Signature Date

____/____/____

Name of Student (PLEASE PRINT) Date of Birth Age of Student _____