

Lights Crafts Action!

Enrollment & Activity Waiver Form

1. CHILD & GUARDIAN INFORMATION

Child's Name: _____ DOB: _____ Age: _____

Parent/Guardian: _____ Phone: _____

Email: _____ Address: _____

Emergency Contact: _____ Phone: _____

Allergies/Medical: _____ Pickup Authorization: _____

2. CONSIDERATION & PERMISSIONS

In consideration of LIGHTS CRAFTS ACTION providing craft instruction, materials, and supervision (the "Services"), and my child being permitted to participate in craft activities, I agree to the following:

- I give permission for photos/videos of my child for promotional use
- I do NOT give permission for my child to be photographed
- I consent to receive communications via phone, email, and text

3. ASSUMPTION OF RISK & LIABILITY RELEASE

I **ACKNOWLEDGE AND UNDERSTAND** that participation in arts and crafts activities involves inherent risks including, but not limited to: cuts from scissors or craft tools, burns from glue guns or heated materials, allergic reactions to craft supplies, slips and falls, exposure to communicable diseases (including COVID-19, influenza, and other illnesses), and other injuries that may result in temporary or permanent disability, or death. I **UNDERSTAND** that while safety measures and supervision will be provided, LIGHTS CRAFTS ACTION! cannot guarantee my child's complete safety during activities.

FOR MYSELF, MY SPOUSE, MY CHILD, AND OUR HEIRS, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE of LIGHTS CRAFTS ACTION!, its owners, employees, volunteers, and agents. I **HEREBY RELEASE, WAIVE, DISCHARGE, AND HOLD HARMLESS** LIGHTS CRAFTS ACTION!, its owners, employees, volunteers, agents, successors, and assigns from any and all liability, claims, demands, actions, causes of action, costs, expenses, and damages of any kind arising from my child's participation, whether for personal injury, property damage, wrongful death, or otherwise.

4. ADDITIONAL LEGAL PROVISIONS

NO ADMISSION OF FAULT: Signing this waiver does not constitute an admission of wrongdoing by any party.

RIGHT TO LEGAL COUNSEL: Both parties acknowledge the right to consult with an attorney before signing this agreement.

SEVERABILITY: If any part of this agreement is found invalid, the remaining provisions shall remain in full force and effect.

INSURANCE: LIGHTS CRAFTS ACTION does not provide accident or health insurance coverage for participants. I am responsible for ensuring adequate insurance coverage and for all medical expenses.

VOLUNTARY AGREEMENT: I am at least 18 years old, am the legal parent/guardian of the named child, and voluntarily sign this agreement. I have read and fully understand this agreement, understand that I have given up substantial legal rights by signing it, and sign it freely without any inducement.

5. GOVERNING LAW & JURISDICTION

This agreement shall be governed by the laws of the State of FL, and any legal disputes shall be resolved in the courts of HILLSBOROUGH, FL.

Parent/Guardian Signature: _____ Date: _____

Print Full Name: _____ Relationship to Child: _____