## Creative Di Versity Friends Club

## **Creative Diversity Friends Club**

Participant Info & Waiver

## **Service Provider Client - Minor**

## **Participant Info**

Tarticipant into				
First Name:	Preferred Name:			
Last Name:	Preferred P	ronouns:	Age:	
Address:	Anything extra we should know? (Allergies, special interests etc)			
Emergency Contact Info:				
Media Consent We sometimes use photographs or other media marketing materials. However, we also respect of indicate below if you consent to your image bein about Creative Diversity Friends Club.	our members	s' rights to personal priva	acy. Please	
$\square$ Yes, I consent to my image being shared	□ No	o, I do not want my image	e to be shared	
Release of Liability Waiver The nature of the services and activities offered lincludes the use of tools and equipment that car			DFC")	
As the Parent or legal guardian of the child name approval for my child to participate in CDFC active sewing, arts & crafts, music, cooking, gardening a	rities, includir	ng but not limited to: wo		
I understand that there are certain risks of injury am willing to assume these risks on behalf of my capable of participating in the designated activiti no physical or mental disabilities or infirmities th activities, except as listed below.	child. I here	by certify that my child is ny child in is good health	s fully n and has	
In addition to giving my full consent for my child' hold harmless the organization named below, its injury that may be suffered by my child in the no activities incidental thereto, whether the result o	officers, sup rmal course	pervisors and representa of participation in the de	tives for any	
Parent/Guardian Name:	0	k to contact by email? 【	☐ Yes ☐ No	
Parent/Guardian Signature	Er	mail:		
Date Signed	In	Initial for email consent		