

Rewear Emergency/Liability Release Form

Child's name: _____
Birthdate: _____
School: _____
Address: _____
Phone Numbers: Home _____ Cell _____ Other _____
Email: _____

Parent/guardian name: _____
Address: _____
Phone Numbers: Home _____ Cell _____ Other _____
Email: _____

Parent/guardian name: _____
Address: _____
Phone Numbers: Home _____ Cell _____ Other _____
Email: _____

Notes (regarding schedules, health, requests etc.):

Additional Emergency Contact Numbers

Name: _____ Relationship to Child: _____
Phone Numbers: _____

Name: _____ Relationship to Child: _____
Phone Numbers: _____

Name: _____ Relationship to Child: _____
Phone Numbers: _____

I understand that my child, _____, will be participating in a sewing class at rewear's studio at 3335 SE Washington Street. I, _____, hereby waive rewear llc, its officers and employees from any liability of injury, loss or damage to personal property associated with the activities participated in this event. I acknowledge that I understand the content of this document. I am aware that it is legally binding and I sign it out of my own free will.

Parent Name _____

Parent Signature _____ Date _____