registration form



participant's first & last name | nickname | participant's birthdate

program name(s)/date(s)

school name & grade

home address, city, zip | home tel number

parent's name (1) | mobile tel number | email address

parent's employer (for emergencies) | work tel number | work address, city, zip

parent's name (2) | mobile tel number | email address

parent's employer (for emergencies) | work tel number | work address, city, zip

other custodial guardian's name | mobile tel number | email address

other custodial guardian's employer | work tel number | work address, city, zip

what persons are approved to drop-off or pick-up your child? please list names and mobile tel numbers

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emergency contact 1 (in addition to parents/guardians, please list **local contacts** only, and include names and mobile tel numbers)

emergency contact 2 (in addition to parents/guardians, please list **local contacts** only, and include names and mobile tel numbers)

does the participant take any medication? if yes, please describe (and provide a doctor's note accordingly)

does the participant have any allergies, conditions or needs we should know about?

what are the symptoms of the condition? what steps need to be taken to address the symptoms?

participant's physician contact information (please list name and office tel number)

is there anything concerning the student's school experience about which we should be aware?

how did you find us?

By signing below I hereby authorize Wishcraft to act in loco parentis to my child in the event of a medical emergency. Wishcraft may authorize all necessary medical procedures that are deemed vital for the health of my child. I understand that every effort will be made to contact me or my physician immediately, and that medical procedures will be implemented only in the event of a medical emergency during which I cannot be reached. I authorize Wishcraft to escort my child from/to school, to/from the Wishcraft workshop and to take walking excursions to nearby parks or facilities under Wishcraft supervision. In addition, I understand and will comply with all policies, rules and fees as described in the "about crafter-school" materials.

REQUIRED credit card information for registration and late fees (please include the full card number and expiration date)
By signing this document I authorize The Wishcraft Workshop, LLC to charge my credit card as outlined above and understand that I will be notified by email before any charge is made.

□ I have received, reviewed, and signed the separate Wishcraft Workshop Release of Liability, Assumption of Risk, Indemnification, and Hold Harmless Agreement.

participant's parent/legal guardian signature date

Release of Liability, Assumption of Risk, Indemnification, and Hold Harmless Agreement

In consideration of participation by myself or the minor child identified below (collectively, "Participant") in one or more classes, workshops, camps, functions, or programs (collectively, "Programs") of Wishcraft Workshop, LLC ("Wishcraft"), an Illinois limited liability company, I, as myself or as the parent or legal guardian of the minor child Participant, agree as follows:

1. The following persons, entities, and parties are intentionally and specifically covered by this Release of Liability, Assumption of Risk, Indemnification, and Hold Harmless Agreement ("Agreement") and shall now be referred to individually and collectively as the "Released Entities": Wishcraft Workshop, LLC and all of its members, managers, officers, directors, employees, agents, volunteers, participants, lessors, independent contractors, visitors to Programs, successors, and assigns.

2. Assumption and Acknowledgement of Risk. I understand and acknowledge that participation in Wishcraft Programs entail known and unknown risks. These risks include, but are not limited to, cuts, bruises, puncture wounds, or damage to property, as well as far more serious risks that could result in physical or emotional injury or death to Participant or to other persons. I acknowledge that Participant could require substantial medical assistance at significant expense to me or to others responsible for medical care and treatment of Participant. I freely and personally ASSUME ALL RESPONSIBILITY for all risks, whether foreseen or unforeseen, in connection with participation by Participant in the Programs, and I WILL BE SOLELY RESPONSIBLE for any loss or damage Participant sustains, including, but not limited to, personal injuries to or death of Participant or damage to Participant's property.

3. Release and Promise Not to Sue. I, on behalf of Participant and Participant's family, heirs, successors, assigns, and anyone claiming any interest through or on behalf of Participant, HEREBY KNOWINGLY, INTENTIONALLY, AND VOLUNTARILY PROMISE NOT TO SUE, RELEASE FROM ALL LIABILITY, AND DISCHARGE the Released Entities for any damage, injury, loss, or death arising out of or in connection with Participant's participation in the Programs whether such damage, injury, loss, or death results from negligent, willful and wanton, or reckless acts or omissions of the Released Entities, including without limitation allegations of inadequate supervision by Released Entities, or from some other cause. It is my express purpose to bind Participant and Participant's family, heirs, successors, assigns, and anyone claiming any interest through on on behalf of Participant.

4. Indemnification. I understand and explicitly agree on behalf of Participant and Participant's family, heirs, successors, assigns, or anyone claiming an interest through or on behalf of Participant to indemnify and hold harmless the Released Entities from any loss, liability, damages, or costs, including reasonable attorney's fees, that they may incur due to the presence of any claims or actions brought or threatened by Participant or Participant's family, heirs, successors, assigns, or anyone claiming any interest through or on behalf of Participant arising out of or in connection with Participant's participation in Programs.

5. Rules and Instructions. I acknowledge that I have access to and understand the published and posted rules of the Programs, and I agree that Participant WILL FOLLOW ALL RULES of the Programs and COMPLY WITH THE INSTRUCTIONS of the Program staff or volunteers.

6. I agree to remit to Wishcraft financial remuneration for physical damage to property resulting from Participant's participation in Programs within 48 hours of being provided by Wishcraft with an estimate for the cost of repair or replacement.

7. I authorize Wishcraft to use Participant's name, picture, or likeness to advertise or promote Wishcraft or its Programs or for any other reasonable use in connection with Wishcraft's business.

8. After being fully informed of the above, I voluntarily elect to participate or to allow the minor child identified below to participate in Wishcraft Programs.

9. I understand that this Agreement is a contractual agreement and not a mere recital and that I have signed this Agreement voluntarily and of my own free will.

10. This Agreement replaces any previous waiver or release that I have signed with Wishcraft and shall remain in effect for all Wishcraft Programs in which Participant participates now and in the future unless I sign a replacement waiver or release with Wishcraft.

11. I agree that if any provision of this Agreement is held by a court of competent jurisdiction to be invalid, unenforceable, or against public policy, only those portions of this Agreement held to be invalid, unenforceable, or against public policy shall be stricken, and all other provisions shall remain in full force and effect.

12. I understand that the descriptive headings of the several sections of this Agreement are inserted for convenience only and do not constitute part of this Agreement.

13. I agree that this Agreement shall be interpreted under the laws of the State of Illinois, without reference to its conflict of laws provisions. I further agree that any dispute regarding this Agreement shall be brought in the courts in Cook County, Illinois, and that I waive any argument of forum non conveniens.

14. I have read and understand this Agreement and agree to be bound by its terms and conditions. No oral representations or statements or inducements have been made to me that modify anything within the written Agreement.

15. If Participant is a minor child, I represent that I am the parent or legal guardian of the minor child and have authority to sign this Agreement on his/her behalf.

Printed Name of Participant _____

Address _____Date of Birth _____

City, State, Zip _____ Phone _____

Printed Name of Parent/Legal Guardian of Participant _____

Signature _____ Today's Date _____

Parent/Legal Guardian of Participant