



# Sutura Kids & Fashion Sewing Rocks Program Release Form

It is the goal of the team of Designer Sewing Center to provide all our students with an enjoyable and beneficial program. The participant (hereafter referred to as "your child", "the child", or "the student") will be learning professional sewing methods using professional equipment including, but not limited to, steam irons, full-sized sewing machines and sergers. Use of this equipment is monitored and proper safety precautions will be taught to all students prior to the first use of any piece of equipment on the premises. For the safety of your child and others please review the following policies and procedures and then sign, date, and return the registration form with your payment to Designer Sewing Center, 8 South Main Street, Suite 103, Whitestown, Indiana. Your child will not be registered, nor can any child participate unless this form is completed and signed.

1. All children must be registered by a parent or legal guardian.
2. Participation is solely at the risk and liability of the parent or legal guardian registering the child.
3. The equipment, tools and machinery used in the Sutura Kids program, are potentially dangerous. It is up to the parent or guardian that registers the child to make sure that the child is placed in a program that is suitable for their skill level and physical ability.
4. All Sutura Kids and Fashion Sewing Rocks Programs offer students a choice of projects. It is the responsibility of the parent or guardian that registers the child to make sure that the child has all the fabric, notions and patterns needed to complete the project that your child has chosen at each session.
5. The staff and independent contractors of Designer Sewing Center may not administer medication of any kind. Please make sure that any medication is administered before or after class. For the well being of your child and others, please do not bring a sick child to class.
6. If the student must miss class, please call to let us know. There are no make up sessions and there are no refunds for classes missed.
7. Please ensure that the student arrives not more than 10 minutes before class and leaves promptly. To be courteous to others, students who are more than 15 minutes late may not participate in that days session and no refunds will be given.
8. The parent or guardian registering the child is solely responsible for any personal effects or property that the child brings to our premises at Designer Sewing Center.

**I have read, understand and agree to abide by the policies and procedures outlined above. I understand that the student is enrolled in the Sutura Kids Program solely at my risk. I agree to indemnify, defend and hold Designer Sewing Center, its affiliates and contractors and each of their respective agents, directors, employees, information providers, licensors and licensees, and officers (collectively "Indemnified Parties") harmless from and against any and all liability and costs (including, without limitation attorneys' fees and costs), incurred as a result of injuries, illness, expenses or damages that I or my child suffer while on the premises of Designer Sewing Center, whether such claims are known or arise in the future. I expressly agree that this release, waiver and indemnity agreement is intended to be broad in scope and inclusive as permitted by the laws of the State of Indiana. If any portion hereof is held invalid, the balance shall, notwithstanding, continue in full force and effect.**

Please print clearly

Child's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Sewing Experience: \_\_\_\_\_

Program (please circle one): Sutura Kids (ages 8-12)      Fashion Sewing Rocks (ages 13-16)

Parent or Legal Guardian Name: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ BEST Phone Number \_\_\_\_\_

Will you be picking up the child? Y/N      If not, then who will? \_\_\_\_\_

Relationship: \_\_\_\_\_ BEST Phone Number \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ BEST Phone Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Paid By: \_\_\_\_\_ Do you wish to be billed automatically each month? Yes / No