

PLEASE PRINT ALL INFORMATION

Date: _____ Last Name: _____ First Name: _____ DOB: __/__/__

Street Address _____

City _____ Zip _____

Email Address _____

Cell number _____ Home number _____

Emergency Contact _____

By signing below you acknowledge that you understand and agree to all the following:

- **Materials:** All materials are included for the projects offered on the curriculum. However if I want to work on my own creations I will have to provide my own materials.

- **Payment** is due in full on or before the start date. There will be no refund.

- **Cancellation-Make Up class:** If you need to reschedule a class, you must do so at least 24 hours before the start of your class by calling 305.891.0440. There is a 100% charge for a NO SHOW. Once booked, we DO NOT reschedule make-up classes.

- **Release for use of photos:** DesignLab Miami may take photographs or videos while in classrooms for educational, promotional, advertising, and other purposes. I hereby freely and voluntarily consent to the use and publication of my pictures at any time from this date forward until I revoke this consent in writing.

- I am not taking this class to teach sewing or provide the information to a business providing similar service.

Signature: _____ Today's Date _____



RELEASE FORM

Our goal at DesignLab Miami (DLM) is to provide all of our students with an exiting sewing education! Your child will be learning in a professional sewing environment with professional equipment such as sewing machines and irons. Use of this equipment is monitored at all times, and proper safety methods are taught without fail. For the safety of your children and others please review the following policies regarding enrollment. Once you have read the following information, please sign, date and return the registration form prior to the first session in which your child will be participating. No class registration will be considered complete and /or final, nor will any child be allowed to participate in the kids classes at DLM prior to receipt of this signed release. Please understand that DLM makes no exceptions to the following conditions.

- 1. Only a parent or legally recognized guardian may register a child for the kids sewing classes.
2. Participation in the children sewing classes is solely at the risk of the parent or guardian enrolling the child.
3. Due to the potentially dangerous nature of sewing equipment and tools, it is the responsibility of the registering parent or guardian to ensure the proper placement of the child with regard to the child skill's level.
4. All weeks feature a different project, but the skill and level is the same for beginning or intermediate classes.
5. If an emergency or illness occurs while your child is on the premises of DLM and DLM staff determines that the situation is life threatening or otherwise potentially hazardous to your child, your child's health or any property, we may escort the child from the premises of the building.
6. DLM staff may not administer any medication to any child.
7. For the welfare of everyone, if your child is sick on a class day, please keep him/her home for the day.
8. Please make arrangements to arrive no earlier than 10 minutes prior to the commencement of the class, and to retrieve your child no later than the scheduled conclusion of class.
9. Any personal belongings of the enrolled child or the parent or guardian that enter the premises of DLM remain the sole responsibility of the child, parent, or guardian.

Emergency Release Agreement and Acknowledgement

I have read, understand and agree to abide by the conditions stated above. I understand that my child is enrolled in classes at DLM at my own risk and liability. I agree that no claims of any kind or nature will be brought against DLM or its employees as a result of injuries, illness, expenses or damages that I or my child may suffer while on the premises of DLM whether such claims are known, unknown or arise in the future. I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Child's Name: _____ M/F: _____ DOB: __/__/__

Parent(s)/Guardian(s) (Specify): _____

Cell#: _____ Work #: _____ Home#: _____ Email: _____

Person Picking Up Child : _____ Relationship: _____

Cell#: _____ Work #: _____ Home#: _____ Email: _____

Child's Physician: _____ Phone# _____ Preferred Hospital: _____

Parent/Guardian Signature: _____ Date: _____