| CHILD'S NAME: |
|---------------|
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SOCIAL SEWING STUDIO, LLC EMERGENCY RELEASE AND ACKNOWLEDGEMENT FORM

At Social Sewing Studio, we appreciate the opportunity to provide a sewing experience for your child. By signing below, you hereby give permission for your child to attend Social Sewing Studio, LLC. I/we give permission for my child to use Social Sewing Studio's equipment and facilities. I/we assume complete responsibility for the actions of my/our child while using Social Sewing Studio's equipment and facilities. I/we understand that I/we may be asked to reimburse Social Sewing Studio for damage to any equipment or facilities, while in the possession of and/or in use by my/our child. Please note that this is a class area and not a childcare or day care center. For the courtesy and welfare of your child and others, please review our rules, completely fill out and sign the registration form.

- 1. Each child must be registered by a parent/guardian.
- 2. Staff may not administer any medication to any child.
- 3. Children must be self-sufficiently toilet trained. No diapers or pull-ups.
- 4. If your child is sick on class day, please keep him/her home for the day. Every effort will be made to provide your child with the missed day's activities.
- 5. The parent/guardian that registers the child MUST be the same parent/guardian that picks up the child. This is for your child's safety and protection. If another adult will be picking up/dropping off the child, a written authorization from the parent/guardian signing this form must be provided in advance.
- 6. Participation in sewing classes is at your own risk and liability. Social Sewing Studio, LLC, their agents, managers, members, employees, volunteers and/or agents are not responsible for any injury or damages that you or your child may suffer related to the class area. Any personal belongings, which enter the class area, are the responsibility of the parent/guardian.
- 7. If an emergency or illness occurs while in the class area, and the staff determines that the situation is life threatening or potentially hazardous to your child, your child's health, other children or any property, we may escort the child from the premises. We may, at that time, request any personal, governmental or professional assistance which we deem necessary to protect the welfare of the child.

I have read, understand, and agree to abide by the rules stated above. I understand that my child is here at my own risk and liability. I/We hereby indemnify, release and hold harmless Social Sewing Studio, LLC, its employees, volunteers, managers, members and/or agents from any liability and/or responsibility for any damages to, and/or injuries sustained by, my/our child while under the care, custody and/or supervision of Social Sewing Studio, LLC, or damages that I or my child may suffer which are in any way related to use of the class area or any form or object of entertainment offered in the class area, whether such claims are known, unknown, or arise in the future.

| Child's Name: | | | |
|--|--------------|--|--|
| Parent/Guardian Name: | | | |
| Work Phone # | Cell Phone # | | |
| Email | | | |
| Alternate Contact Person | | | |
| Work Phone # | Cell Phone # | | |
| Email | | | |
| Child's Physician | | | |
| Phone # | | | |
| Preferred Hospital | | | |
| Phone # | | | |
| Parent/Guardian Signature | | | |
| Adult(s) authorized for pick up/drop off of child: | | | |
| Parent/Guardian signature for authorizati | | | |
| Date: | | | |

(THIS FORM SHOULD BE UPDATED ON AN ANNUAL BASIS)

SOCIAL SEWING STUDIO, LLC

246 MAIN STREET, UNIT D NORTH READING, MA 01864

FOR PARTICIPANTS UNDER 18 YEARS OF AGE

Image Disclosure

I/we give SOCIAL SEWING STUDIO, LLC permission to record my/our child's participation in SOCIAL SEWING STUDIO, LLC events and activities. I/we understand that any activities filmed and/or photographed by SOCIAL SEWING STUDIO, LLC could end up on promotional brochures, the company website and/or social media websites. SOCIAL SEWING STUDIO, LLC often promotes its programs through signage, flyers and on social media, including its Facebook page, Twitter account and Instagram account. I/we give permission for my/our child to appear in these advertisements, knowing that SOCIAL SEWING STUDIO, LLC will never post my/our child's full legal name on social media or other advertising materials without my/our expressed written consent.

| my/our child to appear in these advertisements my/our child's full legal name on social media consent. | s, knowing that SOCIAL SEWIN | G STUDIO, LLC will never post |
|--|---|-------------------------------|
| | that your child not appear on tele your child participate in a behina | _ |
| Full Legal_Name of Child: | | |
| Signature of Parent/Guardian: | | Date: |
| Address: | Phone(s): | |
| | Email(s): | |
| | | |