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# MINORS

## Chimera Arts & Maker Space

### PARTICIPANT WAIVER & RELEASE

\_\_\_\_\_ has my permission to participate  
in the activity \_\_\_\_\_ on date \_\_\_\_\_

at location \_\_\_\_\_ from time \_\_\_\_\_ - \_\_\_\_\_.

I understand and acknowledge that classes and activities taken at Chimera Arts & Maker Space may pose risks to my child, including the risk of minor injuries, serious injury, or even death.

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my child, myself, my heirs, executors, and administrators, release and forever discharge Chimera Arts & Maker Space and all officers, directors, employees, agents, and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation in the above-noted event.

I hereby certify that the minor is my child and that their date of birth is \_\_\_\_\_, and I do hereby certify that to the best of my knowledge and belief, said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that I will assume full responsibility for any such action, including payment of costs.

I hereby advise that the above-named minor has the following allergies, medicine reactions, or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none".): \_\_\_\_\_

1. \_\_\_\_\_  
Signature Date Print Name

2. \_\_\_\_\_  
Signature Date Print Name

\_\_\_\_\_  
Address City State Zip Phone (incl area code)

Chimera Arts Staff Acceptance:

By \_\_\_\_\_  
Signature Date Print Name