



Liability Release Form

My goal is to provide students with a quality sewing education! Your child will be learning in a 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 child and others, please review the following policies regarding enrollment. Please sign, date and return the form prior to the first session in which your child will be participating.

1. Only a parent or legally recognized guardian may register a child for the "kids" classes.
2. Participation in the sewing classes is solely at the risk and liability of the parent or legal guardian enrolling the child.
3. Every effort will be made by Celia and Kevin Roberts to ensure the safety of your child while on the premises. However, due to the potentially dangerous nature of sewing equipment and tools, Celia and Kevin Roberts cannot accept liability for any injury or damages that you or your child may suffer related to sewing class participation with Celia's Craft Room.
4. Release for use of photos: Permission is granted to use photos of your child for promotional, advertising, and other purposes. I hereby freely and voluntarily consent to the use and publication of pictures from this date forward until I revoke this consent in writing. Note: Children's names will not be used.
5. In the case of injury, any cost incurred from the emergency medical treatment or medical transportation to a local hospital will solely be the responsibility of the customer (or parent/legal guardian if under the age of 18).

Refund Policy

No refunds are offered for classes or camps. Cancellations received two weeks before class will be able to transfer fees to another camp or class. Cancellations received less than two weeks before class starts, or no-shows, will forfeit their class fees entirely. Every effort will be made for you to make up missed classes. No refunds will be given for sessions missed because of misbehavior. If class is canceled by Celia's Craft Room full refund will be issued in the manner in which you paid or you can transfer your payment to a future session.

Release 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 Celia's Craft Room at my own risk and liability. I agree that no claims of any kind or nature will be brought against Celia or Kevin Roberts as a result of injuries, illness, expenses or damages that I or my child may suffer while on the premises of Celia's Craft Room, 12712 W Collingwood Street, Boise, Idaho, 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 Idaho and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Parent/Guardian Signature: _____ Date: _____



Sewing Class Registration

Please Print

Student's Name: _____ Age: _____ Grade: _____
Address: _____
City: _____
Parent/Guardian Name: _____
Email: _____ Phone: _____ Cell: _____

Emergency Medical Release

I understand that my child will be using sewing equipment and notions that can cause injury. I consent to my child being given medical treatment for any injury while in the care of sewing classes. In the case of injury, any cost incurred from the emergency medical treatment or medical transportation to a local hospital will solely be the responsibility of the customer (or parent/legal guardian if under the age of 18). Celia's Craft Room accepts no liability for injuries suffered during sewing classes.

As parent/guardian of the above student, I do herewith authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent/Guardian Name: _____ Relationship to Minor: _____
Phone: _____ Cell Phone: _____

Emergency Contact Name and Phone (if parent/guardian cannot be reached):

Name: _____ Phone: _____

Family Physician: _____ Physician's Phone: _____

Specific medical allergies, chronic illness or other conditions:

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian Signature: _____ Date: _____