



SEWING CLASSES & PARTIES. INSPIRATION. COMMUNITY.

2025

RELEASE AND WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

- I am the legal parent or guardian of the Student.
- The Student will be participating in sewing instruction led by Hartford Stitch, LLC.
- I am aware that the activities often involve using equipment that can cause injury, including needles, sharp blades and hot irons.
- I understand that it is my responsibility to decide if the Student is qualified to participate in the activities, and I assume all risks and accept personal responsibility for any potential damages arising from their participation.
- I will instruct the Student to carefully listen to and follow all safety and other instructions given by Hartford Stitch instructors and to inform instructors if they are in any way unsure of how to use specific equipment.
- I understand Hartford Stitch may take group and individual photos (or videos) of Students participating in the activities for use (without identifying information such as the Student's name) on the website, in brochures, and other marketing of Hartford Stitch, and I allow Hartford Stitch to do this without any compensation.
- I, on behalf of the Student and on my own behalf, release, waive, and agree to hold harmless Hartford Stitch and it's staff, (the "Indemnified Parties") from any claims or issues that arise from the Student participating in the activities and to indemnify the Indemnified Parties for any liability and costs (including attorney's fees) related to any claim arising from Student participating in the activities.

Student Information:

Name: _____

Birthdate: MM _____ DD _____ YY _____

Parent Information:

Name: _____

Signature: _____ Date: _____

Email * _____ @ _____ . _____

Address: _____ City: _____ Zip: _____

Phone: (_____) _____

Y N Would you like to be added to our newsletter to learn about upcoming sewing classes and events? You are free to optout at any time.



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HEALTH FORM

STUDENT INFORMATION

Child's Name	Date of Birth
Parent/Guardian's Name	Best Contact Phone
Address	City State Zip

ALTERNATIVE EMERGENCY CONTACT

Primary Emergency Contact Name	Contact Number
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MEDICAL INFORMATION

Hospital/Clinic Preference	Allergies/ Special Concerns
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I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent Guardian Signature	Date
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