



Student Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Email \_\_\_\_\_  
 Birthday \_\_\_\_\_  
 Phone Number \_\_\_\_\_

Emergency Contacts  
 1<sup>st</sup> Contact Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Phone Number \_\_\_\_\_

2<sup>nd</sup> Contact Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Phone Number \_\_\_\_\_

PERMISSIONS

Do you give permission for me to transport you in my personal vehicle? (circle) Yes No  
 In case of an emergency, may we call the ambulance? Yes No  
 In case of an emergency, may we take you to the nearest hospital? Yes No

INJURY WAIVER AND GENERAL RELEASE FORM

By signing your name below as a customer/student at Fabricate Studios you acknowledge that participation exposes you to a possibility of personal injury. You, being fully aware that participation exposes you to a possible risk of personal injury, hereby release Fabricate Studios and its owners, officers, directors, employees, agents, licenses, subsidiaries, consultants, independent contractors and affiliates from any and all liability from property damage, personal injuries, or other claims arising from or in connection with your participation including claims that are known and unknown, foreseen and unforeseen, future or contingent.

You acknowledge that you have read and fully understand the Injury Waiver and General Release Form. This agreement shall be binding on you, your spouse, your children, legal representatives, heirs, successors and assigns.

Student Name \_\_\_\_\_ Date \_\_\_\_\_