

# Wyoming State Quilt Guild QUILT CAMP

## Parental Consent Form – Liability Waiver

I understand my child will be working with pins, needles, scissors, seam ripper, ironing board and a sewing machine. I also understand my child will be using a hot iron.

The organization or quilt guild and volunteer staff have taken safety precautions for the classes provided for the children. Safe handling of each piece of equipment is taught before the child uses it. Adult supervision is available throughout the class time.

First aid, which is available at the site of the Kids' Camp hosted by, \_\_\_\_\_ (name of group) consists of band aids and cool running water. In the event of unforeseen circumstances or serious injury you will be notified as quickly as possible. Your child's safety in these classes is very important to the volunteer staff and Wyoming State Quilt Guild.

I give the \_\_\_\_\_ (name of group) and volunteer staff permission to seek emergency medical help for my child if needed while participating in the Kids Camp activities. I also agree if my child needs medical attention the parent or legal representative is responsible for payment of the medical care. I will hold \_\_\_\_\_ (name of group), any volunteers and Wyoming State Quilt Guild harmless in case of accident, or emergency resulting from or during Kids Quilt Camp.

Date and Location \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

If other than parent – state relationship: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

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 MEALS ARE  ARE NOT PART OF THE QUILT CAMP DAY.  Please state any and all food allergies and any food instructions. Snacks and drinks will be available as well as lunch if you selected "meal" on the registration slip

DO NOT PROVIDE ANY FOOD  DO NOT PROVIDE ANY DRINK TO THIS STUDENT

Food allergies \_\_\_\_\_

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Parent / Guardian signature \_\_\_\_\_

I picked up the minor I am responsible for \_\_\_\_\_ @ \_\_\_\_\_ a.m p.m.

Parent or Guardian signature \_\_\_\_\_