



Minor Participant Authorization, Release and Waiver

I, the undersigned, certify that I am the parent or legal guardian of _____ (a minor child referred to hereafter as “my child”).

Consent. I hereby give my consent for my child to participate in the following activity of Fabric Minneapolis: _____ (hereafter “the activity”) on or about _____.

Risks. I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my child in connection with his/her participation in this activity. My child’s participation in the activity is purely voluntary and I elect for my child to participate despite the risks.

Release. To the fullest extent permitted by law, I release **Fabric Minneapolis**, its officers, directors, employees, agents, volunteers, participants, and representatives (hereafter collectively “Fabric”) from liability for any injury, harm, damage or death which may occur to my child while participating in the activity, including but not limited to any injury, harm, damage, or death caused by any act of negligence of Fabric.

Indemnification. I, on behalf of myself, my heirs, executors, administrators, and assigns, agree that in the event any claim for personal injury, property damage, or wrongful death is brought against Fabric, I will indemnify and hold harmless Fabric from any and all claims or causes of action by my child or by any other person or entity arising out of my child’s participation in the activity, by whomever or wherever made or presented.

Cost of Medical Treatment. In the event that my child need immediate medical attention for injuries received while participating in the activity, I understand that I am responsible for the costs related to any medical treatment obtained on behalf of my child. I represent that my child has adequate insurance to cover any injury or damage my child may suffer or cause while participating in the activity, or else I agree to bear the costs of such injury or damage myself.

Administration of Medication. If my child requires use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and/or medication are provided to an activity leader or are maintained with my child’s personal belongings for the duration of the activity. If Fabric is required to administer and use the epi-pen and/or medication, I agree to forever release and discharge Fabric from any and all liability arising out of or resulting from use or administration of the epi-pen and/or medication.

Release of Medical Information. If Fabric receives medical information about my child that may need to be shared with medical providers, I agree to the release of such information to such medical providers.

Photo Release. If my child’s photo is taken or they are captured in a video during the activity, I give permission for Fabric to post it on their website and in other publications.

I have read and understood this document and I agree to be bound by its terms. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Executed this _____ day of _____, 20__.

Signature _____

Printed Name _____