

Participant/Guardian Release Form
Maker City - Explore More Discovery Museum



Use our tools – Learn new skills – Make cool stuff

Maker City is a space where youth ages 8+ can make their own creations and use our specialized tools. In addition to free exploration with a wide range of materials, we offer supervised access to laser cutting, vinyl cutters, sewing machines, woodworking tools, 3D printing and more!

Child 1 Name: _____ Date of Birth: _____

Child 2 Name: _____ Date of Birth: _____

Child 3 Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Mailing Address: _____

Email Address: _____ Phone: _____

Allergies/Special Instructions: _____

Additional Emergency Contact Name: _____ Phone: _____

Family Physician: _____ Phone: _____

I, _____ parent/guardian of children listed above, agree to support my child in learning and adhering to the Maker City Code of Conduct and Safety Policies. I am fully aware that participation in the Makerspace carries some risk of personal injury. In consideration of granting my child the opportunity to participate, I hereby agree to release and hold harmless the Explore More Discovery Museum, its officers, employees, volunteers, committees and boards, from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law. Consent for Emergency Treatment: To my knowledge, my child has no health impairment that might interfere with his/her participation in Maker City activities. I authorize Explore More Discovery Museum staff to seek emergency medical treatment if deemed necessary and will assume related costs of service.

If the EMDM staff feels that my child does not have sufficient skills proficiency or developmental maturity to safely utilize equipment, I will work with EMDM staff to help my child take necessary steps to modify activities or provide additional growth opportunities.

I voluntarily assume all risks related to participation and/or the potential exposure and contraction of COVID-19 and any virus associated with it and will hold the museum, its staff and its Board of Directors harmless if my child becomes infected with this disease that may result in illness or even loss of life.

Photo/Video Release: I hereby grant Explore More Discovery Museum permission to use photos of my child and/or projects created by my child at Maker City for the purpose of publicity, promotional materials and website content. I have read and understand this release form and voluntarily sign it.

Parent/Guardian Signature: _____ **Date:** _____