

**YOUTH PARTICIPANT RISK ACKNOWLEDGEMENT FORM**

<b>Participant's Name:</b>	<b>Date of Birth:</b>
<b>Name of Course:</b>	<b>Course Dates:</b>
<b>Parent / Guardian Name:</b>	
<b>Cell Phone:</b>	<b>Work Phone:</b>

Acknowledgement of Risks and Acceptance of Responsibility for Artisan Center Courses	Parent / Guardian Initials
1. I, the parent/guardian of (child's name) _____, am providing approval for my child to participate in a non-youth course at the NWTC Artisan and Business Center (ABC).	
2. I acknowledge that my child has registered for an adult course and is expected to adhere to the policies of the ABC.	
3. I understand that ABC courses involve and require physical activity and may also involve the risk of physical injury and/or damage to personal property.	
4. I assert that my child is mentally and physically able to participate in the ABC course and has no medical conditions which preclude him/her from participating in the ABC course independently.	
5. I hereby grant permission to ABC staff to administer first aid and/or secure proper treatment for my child in case of emergency, provided they are unable to communicate with me, and according to their best judgment.	
6. Based on the information stated above, and my understanding of the above points, which I have signified by initialing above, I understand and agree to hold Northeast Wisconsin Technical College and its staff harmless and hereby waive my right to file a claim, pursue legal action against, or seek financial relief or reimbursement from Northeast Wisconsin Technical College, its Board members, employees, and volunteers for damages or other expenses due to participating in or observing ABC Courses.	

**I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THIS DOCUMENT.**

PRINT Parent or Legal Guardian Name

\_\_\_\_\_

SIGNATURE of Parent or Legal Guardian

\_\_\_\_\_ Date \_\_\_\_\_