

Release Form

Please Print

Participant's Name: _____

Parent/Legal Guardian: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

I request that the child whose name is printed above be permitted to participate in

(Name of venue)

I understand that working with tools has inherent risks, and I release and discharge, SAW (Scrollsaw Association of the World,

_____,
(a Local Chapter of SAW)

(Venue sponsor)

the owner of the venue, their parents, subsidiaries and affiliates, and their employees, subcontractors and agents from any and all claims, causes of action and demands of any kind, whether known or unknown, which the child ever in the future may have, which are based on, or arise from or are related to such participation. I represent and warrant that I am the child's parent or legal guardian.

(Signature of parent/guardian)

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