

## MOSAIC GLASSWORKS REGISTRATION FORM

Name of Children	Gender M/F	Age	Town	Week (s) Requested*

\*Please use week numbers/letters as shown in bold italics above.

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

Address: \_\_\_\_\_ Town/Zip:  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone:  
\_\_\_\_\_

Email address: \_\_\_\_\_

Other information (health considerations, allergies, etc.):

### EMERGENCY CONTACT INFORMATION (other than parent/guardian)

Name: \_\_\_\_\_ Relationship:  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone:  
\_\_\_\_\_

**Deposit Enclosed:** \$ \_\_\_\_\_  
(\$50 per child per week non-refundable; checks made out to  
Mosaic Glassworks)

**WAIVER AND RELEASE**

In consideration of permission granted the child or children above-named, to use the materials, supplies and tools on the premises of MOSAIC GLASSWORKS, LLC either with or without supervision, or in any manner whatsoever, I do hereby waive and release and discharge MOSAIC GLASSWORKS, LLC, Lisa McLellan, each and every owner of said premises, and each of the employees and officers and agents of MOSAIC GLASSWORKS, LLC (collectively referred to as "MG"), from all claims, demands, actions, judgments and executions which the undersigned ever had, now has, or may have, or which may arise, or which any of the undersigned's heirs, executors, administrators or assigns may have or claim to have against MG or its successors or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the use of said materials, supplies and tools, or any other equipment located on the premises of MG by the child or children above-named, for any purpose whatsoever. The undersigned acknowledges that there may be danger of personal injury to the user of said materials, supplies and tools which is increased through careless or improper use. The undersigned acknowledges that he or she understands the terms of this WAIVER AND RELEASE and executes it voluntarily and with full knowledge of its significance. Participation in MG activities carries with it a reasonable risk assumption and use of protective eye wear is recommended. Therefore, I agree to assume full responsibility for any risk or related injury.

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

Date