Student Registration & Hold Harmless Form

Date:		
Student Name:_		
Address:		
City:	_ State:	Zip:
Contact Phone:		
Phone:		
Birthdate:		Age:
Email:		
Instructor(s):		
I understand the sewing any accident from occurr agree to hold the above i that may occur to my chi attending sewing class a activities held by the sew	instructor/s will ring, however, I nstructor(s) harr Id while attending and while attend	do her best to prevent the undersigned nless for any accident ng or in the process of ing any sewing
Parent/Guardian Name:		