



The Unicorn Foundry

PARTICIPANT LIABILITY RELEASE

Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Alternate Contact Name: _____

Alternate Contact Phone: _____

Alternate Contact Email: _____

_____ (Student's name) would like to participate in the Unicorn Foundry summer program. I acknowledge the risks and potential for risks of program activities. However, I feel that the possible benefits to my self, my son, my daughter, my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against the Unicorn Foundry, its Board of directors, instructors, volunteers, employees, advisors, venue, and/or other affiliated parties for any and all injuries and/or losses I may sustain while participating in the Unicorn Foundry summer program.

Date: _____

Name (Print): _____

Signature: _____ (Client [over 18], Parent or Guardian)