

Name of Minor: _____

Date: _____



Anchorage Makerspace
Waiver of Liability for Minor Child
By Parent or Legal Guardian



Acknowledgement of Conditions for Use of Shared Workspace by Minors

Each of the undersigned parent or legal guardian of the minor child named below states as follows:

I _____ am aware that normal and usual workshop and maker related activities have certain inherent risks and may cause injury to participants.

However, I want my child _____ to participate in ICARUS INTERSTELLAR DBA ANCHORAGE MAKERSPACE (AMS) sponsored activities and other events (the "Activities"), and I give my unqualified permission and consent for my child to participate in the Activities, subject to any specific limitation noted below.

Hold Harmless Agreement

My child has the necessary skills and is able to participate in all reasonably anticipated aspects of the Activities except as noted below. The nature of the Activities has already been fully disclosed to me, and any brochure, flyer or announcement relating to the Activities is expressly made a part of this Authorization & Waiver. I, on behalf of my child, hereby indemnify, release and hold harmless and forever discharge ICARUS INTERSTELLAR DBA ANCHORAGE MAKERSPACE (AMS) and its agents, employees, officers, directors, founders, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or my child ever had or may have, arising from or in any way related to my child's participation in any Activities conducted by, on the premises of, for the benefit of ICARUS INTERSTELLAR DBA ANCHORAGE MAKERSPACE (AMS); provided, that this waive of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

This Authorization & Waiver is binding upon me, my heirs, executors, legal representatives, successors and assigns. The provisions of this Authorization & Waiver will continue in full force and effect even after the termination of the Activities conducted by, on the premises of, or for the benefit of ICARUS INTERSTELLAR DBA ANCHORAGE MAKERSPACE (AMS), whether by agreement, by operation of law, or otherwise. This Authorization & Waiver is governed by the laws of the State of Alaska, and is intended to be as broad and inclusive as is permitted by that law. If any provision of this Authorization & Waiver is held invalid or unenforceable by a court of competent jurisdiction, the remaining provisions will continue to be fully effective. This Authorization & Waiver contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this Authorization & Waiver. The provisions of this Authorization & Waiver may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

Name of Minor: _____

Date: _____

Arbitration

Any claim or controversy that arises out of or relates to this Authorization & Waiver or the alleged breach of it, and which cannot be settled by the parties, will be settled by submission to the chapter of the American Arbitration Association or similar group nearest to ICARUS INTERSTELLAR DBA ANCHORAGE MAKERSPACE (AMS) in accordance with its current rules and procedures.

Medical Conditions

My child is subject to the following allergies or medical conditions, and I authorize AMS to disclose such allergies or medical conditions to a physician in the event my child should require emergency medical care (describe allergies or medical conditions with specificity):

Prohibited Activities

As a result of the medical conditions described above or for other reasons, I do not want my child to engage in any of the following activities (describe with specificity):

Emergency Contact Information

In the event I cannot be reached, *I authorize and direct any adult Activities sponsor or group leader representing AMS to make emergency medical decisions for my child.*

Note: Persons listed below will be contacted via email to assure the accuracy of the contact information.

Emergency Contact 1:

First Name: _____ Last Name: _____
Phone Number: _____ Work Phone: _____
Address: _____
Email: _____

Emergency Contact 2:

First Name: _____ Last Name: _____
Phone Number: _____ Work Phone: _____
Address: _____
Email: _____

Name of Minor: _____

Date: _____

Initial _____ I understand that minors are not permitted at Anchorage Makerspace without an adult member present.

Initial _____ I understand that minors will be forced to leave Anchorage Makerspace when an adult member is no longer present.

Initial _____ I understand that it is my responsibility to ensure my child's safety. No other individuals will ensure the safety of my child or anyone else.

Parental Consent

The child's parent(s) or legal guardian(s) must fill in the information requested above and sign this Authorization & Waiver below, before access to the workplace is been granted to the Minor:

I am legally competent to sign this Authorization & Waiver. I understand the terms of this Authorization Waiver and I have willingly signed it as my own free act.

Relationship to Minor: _____

First Name: _____

Last Name: _____

Phone Number: _____

Work Phone: _____

Address: _____

Email: _____

Signature: _____

Date Signed: _____

Relationship to Minor: _____

First Name: _____

Last Name: _____

Phone Number: _____

Work Phone: _____

Address: _____

Email: _____

Signature: _____

Date Signed: _____