



The Bubble Factory
69 Choate Street, Essex, MA 01929
(978) 890-5109
info@bubblefactoryma.com
www.bubblefactoryma.com

Safety Questionnaire

Minor's Full Name: _____

Parent/Guardian Email: _____ Parent/Guardian Phone: _____

For your safety, please list any prescription medications vital to the participants health that you are currently taking:

Does the participant have any other disabilities or medical conditions that we should be aware of that may affect their ability to work with glass?
(Allergies, respiratory issues, heart problems, etc.)

Yes No If yes, please describe: _____

Emergency Contact

Name: _____

Relationship: _____

Signature: _____

Photo/Video Release (Optional)

I grant permission to The Bubble Factory, its agents and employees, rights to photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, etc, in any manner or in any medium. Furthermore, I grant permission to use my statements that were given during an event or class, with or without my name, for the purpose of advertising and publicity without restriction.

Yes No Initials: _____

Waiver/Release Agreement (Minor Child)

I hereby certify that I am the adult parent or guardian of the minor child under the age of eighteen years named above, and I consent to their participation in classes and activities at the Bubble Factory (the "Studio") located in Essex, MA their use of equipment supplied by the Bubble Factory.

I understand and acknowledge that I am fully aware of and assume the risks (including (but not limited to physical effort, cuts, burns, and/or exposure to UV light) of (1) said minor child's participation in classes and activities at the Studio and (2) Their use of the equipment. I understand that the Bubble Factory shall have no responsibility to pay for medical treatment and related costs if said child is injured.

I further understand and agree that the Bubble Factory supplies the equipment "as is", and that the Studio disclaims all warranties, express or implied, including warranties.

Knowing the risks described above, I agree, personally and on behalf of the minor child named above, to assume all the risks and responsibilities surrounding my minor child's use of the Bubble Factory Studio and the equipment. To the fullest extent allowed by law, I hold harmless and agree

to indemnify the Bubble Factory, its officers, directors, faculty, staff, volunteers, employees and agents, from and against any present or future claim, cause of action, loss or liability for injury to person or property, which said minor child may suffer or for which said minor child may be liable to any other person, related to said minor child's participation in recreational activities at the Studio and use of the equipment, resulting from any cause whatsoever, and regardless of fault.

I am at least eighteen years of age and have carefully read this form and the Safety Policy, and freely signed this waiver and filled out the Safety Questionnaire (on behalf of said minor child). I understand and are that no oral or written representations can or will later the contents of this document. I agree that this agreement shall be governed by the laws of the State of Massachusetts.

I have read and fully understand the contents of this document. I agree to the terms and conditions stated above.

Parent/Guardian Name (Printed): _____

Signature: _____

Date: _____