

**Northwest School of Wooden Boatbuilding**  
**Liability Release**  
**Community Boatbuilding**

Participant Name \_\_\_\_\_  
Parent/Guardian of Minor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
email \_\_\_\_\_

**Medical Release**

I hereby give permission to the Northwest School of Wooden Boatbuilding, hereafter (NWSWB), and/or any adult member of the participating group to transport myself/child to a doctor and/or hospital for treatment. I authorize all medical, surgical, diagnostic and hospital care procedures which may be performed or prescribed for myself/or my child by a licensed physician or hospital, when efforts to contact me are unsuccessful, and when deemed immediately necessary or advisable by the physician to safeguard myself/or my child. I waive my right of informed consent to such treatment.

**Participation Release**

I acknowledge that I have voluntarily chosen and hereby give permission for myself/my child to participate in a program conducted by the NWSWB. I hereby certify that I am cognizant of the inherent dangers of woodshops and related activities and I hereby assume such risks. I hereby understand and agree that NWSWB, it's directors, faculty and staff together with other unnamed assistants, shall not be held liable in any way for any occurrence in connection with any accident, injury or occurrence to myself or the above named participant in connection with the activities of NWSWB unless the same is as a result of the negligence on the part of the above referred entities and persons. I further hereby waive and release any claim for personal injury or death against the above referred entities and persons and any and all damages to me, the above named participant, my estate, my family, heirs and assigns. In consideration of myself or the above named participant being allowed to participate in the activities of the NWSWB, I hereby personally assume all risks in connection with said activities, whether foreseeable or unforeseeable and further to save and hold harmless said program, entities and person from any claim by me, the above named participant, our families, estates, heirs and or assigns arising out of my or the above named participant's enrollment and participation in this program. I further agree to indemnify NWSWB for all claims, demands, costs, or judgments arising out of my own acts or omissions arising from my participation. I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my voluntary act. I HAVE FULLY INFORMED MYSELF OF THE CONTENT OF THIS AGREEMENT BY READING IT BEFORE I SIGN IT.

Participant x \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian of Minor Participant x \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Natural or Adoptive Parent

\_\_\_\_\_ Legal Guardian