Participant Form

Please sign and date the following four ***(4)*** forms before submitting them

Child Participant(s)

Child's Name: _____ Birthdate:_____

Street Address:_____ Age:____ Sex:_____

City:_____ Zip Code:_____

Child's Name: _____ Birthdate:_____

Street Address:_____ Age:____ Sex:_____

City:_____ Zip Code:_____

Child's Name: _____ Birthdate:_____

Street Address:_____ Age:____ Sex:_____

City:_____ Zip Code:_____

Parent / Guardian Information

First Parent / Legal Guardian Name:_____

Street Address:_____

City:_____ Zip Code:_____

Work Phone:_____ Cell/Home Phone:_____

Relationship to Child:_____

Second Parent / Legal Guardian Name:_____

Street Address:_____

City:_____ Zip Code:_____

Work Phone:_____ Cell/Home Phone:_____

Relationship to Child:_____

If there are any court documents (restraining orders, etc.) that affect custody of the child, please email copies to staff at isaac@otherworldthinkers.com as well as informing us of the nature of such documents.

Emergency / Medical Form

In the case of an emergency or other reason in which primary parents/guardians cannot be reached or pick up the child, the person(s) listed below are authorized to pick up so long as they are over the age of 18 and can provide photo ID at pick up time.

Emergency Contact Name:_____ Phone:_____

Relationship:_____

Emergency Contact Name:_____ Phone:_____

Relationship:_____

Emergency Contact Name:_____ Phone:_____

Relationship:_____

Child's Medical Information

Medical Insurance Company:_____

Policy Number:_____

Physician's Name:_____

Known Allergies:_____

Medications that must be taken:_____

Any other restrictions, accommodations, or behaviors to be noted:_____

_____

_____

General Waiver

Assumption of Risk

By signing below, you understand that there are risks inherent to your child's participation in any clubs led by Other World Thinkers (OWT) staff that may result in property damage, their injury or death. By signing, you agree to waive and release all claims or lawsuits against OWT and its officers, staff, or volunteers for damages, injury, or death sustained or inflicted to yourself, your child, or other participants during the club events, during pick up and drop off hours, or travelling to and from club locations.

Signers of this document understand and agree that the minor(s) listed below may be released to the proper emergency service personnel in the case of a bodily injury or life threatening emergency. The signer also agrees to take sole responsibility of any costs accrued from medical expenses and release OWT and its officers, staff, and volunteers from those expenses. The signer understands and agrees to hold OWT and its staff free and waive any and all liability from OWT and said staff that arises from the risk of allowing OWT staff to monitor their child's intake of medication during club, pickup, or drop off hours.

Refunds and Drop Off/Pick Up Hours

Signers understand and agree that no refunds will be made after the first session of a club has passed, regardless of whether or not the participant was present. Signers agree to contact OWT staff at least 24 hours in advance or at their earliest possible convenience to cancel, reschedule, or inform staff of any adjustments or accommodations to be made for their chosen session. Signers understand that they may drop off their child up to 30 minutes before the club officially begins. Signers also understand that they have 30 minutes to pick up their child OR contact OWT staff after the club officially ends. After 30 minutes of the club's end, OWT staff will attempt reaching out to emergency contacts or other listed guardians. If another 30 minutes passes, and no parents/guardians or emergency contacts have communicated with staff or picked up the listed child, the signer understands that OWT staff will contact Child Protective Services or local law enforcement as a last resort.

BY SIGNING BELOW, YOU AGREE TO HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND YOU ARE WAIVING CERTAIN RIGHTS BY YOUR OWN FREE WILL.

_____	_____
Name of Parent/Legal Guardian	Name(s) of Child Participant(s)
_____	_____
Signature of Parent/Legal Guardian	Date Signed

Photo Release Form

(Optional)

By signing below, you are agreeing to allow staff from *Other World Thinkers* to take photographs of your child for use in promotional materials, social media, website publications and/or advertising pertinent to the Lego Dungeons and Dragons club and other related commercial activities sponsored by *Other World Thinkers LLC*.

_____	_____
Name of Parent/Legal Guardian	Name(s) of Child Participant(s)
_____	_____
Signature of Parent/Legal Guardian	Date Signed