

MOSAC Design Lab Maker Workshop Permission Form and Liability Release Waiver



I, the undersigned parent/person having legal custody/guardianship of the minor (hereafter “participant”) enrolled in the Design Lab Maker Workshop, give permission for _____ to participate in all SMUD Museum of Science and Curiosity (MOSAC) programs. In consideration of MOSAC accepting said participant in this workshop, I, on behalf of myself (as parent or guardian) acknowledge the following:

The participant is physically able and mentally prepared to participate in all activities within this program.

I understand that certain skills and safety procedures are required in order to reduce the dangers involved in project work. I agree that the participant will abide by all safety rules and policies, including wearing protective equipment (such as safety glasses) as instructed in the work areas, and to use such other safety equipment as may be required by the staff for the type of work they are performing.

To the fullest extent allowed by law, I, for myself and on behalf of participant, agree to waive, discharge claims, and release from liability MOSAC and its officers, directors, employees, agents and successors from any and all liability on account of, or in any way resulting from claims, losses, damages, or expenses, including injuries and damages, in any way connected with the MOSAC program, even if caused by the negligence of MOSAC or its officers, directors, employees, agents, and successors. I understand and intend that this release is binding upon me and participant’s heirs, executors, administrators and assigns.

I understand and acknowledge that there are short- and long-term health risks, risks of personal injury, and risks of property damage while participating in activities and using the facilities offered by MOSAC. Some risks are inherent in the use of power and hand tools; other risks are inherent in making and fixing things generally; still other risks may arise from conditions, situations or activities of which I am presently unaware. All use of tools has some risk of injury, particularly when learning, used incorrectly or unsafely.

I understand that if, in the opinion of MOSAC, immediate medical attention is necessary for participant, I do hereby authorize MOSAC to take such action as it deems reasonable and appropriate under the circumstances. I do further authorize and consent to the administration of treatment deemed necessary and appropriate by the responding emergency medical technicians, licensed physicians or other health professionals called upon to provide emergency care to participant. I assume the risk and financial responsibility for an injury or illness that may occur as a result of my participant’s participation in MOSAC activities. I acknowledge that no guarantees have been made to me as to the effect or outcome of any examinations or medical treatment of participant and that I am responsible for all reasonable charges in connection with the care and treatment to participant during the program. I understand that nothing in this form shall be construed to impose liability on MOSAC, its officers, directors, employees, agents, and successors for any medical treatment provided or not provided during the activities.

I understand that I am financially responsible for any and all charges incurred while this participant is a participant of MOSAC’s workshop program. These charges may include class fees, material fees, and damage fees. I agree to pay all costs related to collection of such fees at the time they are due and payable.

I have read and understand the above **MOSAC Design Lab Maker Workshop Permission Form and Liability Release Waiver** and agree to abide by the Terms and Conditions outlined above. I have received a copy of this Agreement.

Parent/Guardian Signature

Date