Minor Participant Waiver & Contact Form

Thank you for allowing your child to participate in activities at The Yarny Way. Please complete this form so we can keep them safe and comfortable while in our shop.

Participant Information	**Emergency Contact**
Child's Name: _____	Name: _____
Age: _____	Relationship to Child: _____
Parent/Guardian Name: _____	Phone Number: _____
Phone Number: _____	
Email: _____	

Medical / Allergy Information

Please list any allergies, medical conditions, or other concerns we should be aware of:

Permissions & Liability Waiver

- I understand that The Yarny Way is a community craft space and that staff will provide a safe, welcoming environment but are not professional childcare providers.
- I agree that I am responsible for my child's behavior and that I (or a designated responsible adult) will remain reachable during the event.
- I acknowledge that participation involves the use of crafting tools (such as scissors, needles, hooks, looms, etc.) and that reasonable care will be taken to ensure safe use.
- I release The Yarny Way, its owners, instructors, and volunteers from liability for accidental injury or property loss that may occur during participation.
- In the event of illness or emergency, I authorize The Yarny Way staff to seek appropriate medical treatment and agree that I am responsible for any related costs.

Parent/Guardian Agreement

I have read and understood the above.

Signature: _____ **Date:** _____