



STORYBOARD STUDIO PARENTAL WAIVER

Must be 16+ to Attend the Workshop. Attendees 17 and Under Must Submit this Parental Waiver.

Attendee's Information

Full Name: _____ Age Upon Time of Entry: _____

Parent/Guardian Information

Full Name: _____ Relationship to Participant: _____

Phone Number: _____ Email: _____

Consent and Waiver

I, the undersigned, being the parent or legal guardian of the above-named attendee (hereinafter referred to as "Attendee"), do hereby consent to and authorize Attendee's participation in the Storyboard Studio: A Visual Storytelling Workshop (hereinafter referred to as "The Workshop"). I understand and agree to the following terms and conditions:

1. Voluntary Participation:

a. I acknowledge that the Attendee's involvement in The Workshop is voluntary and that I have read and understood the rules and regulations of The Workshop.

2. Acknowledgment of Risk:

a. I understand that this workshop involves artistic activities, including the use of visual media, storytelling, and collaboration. I acknowledge that, while the organizers will make every effort to ensure safety, there is a possibility of unforeseen risks, including but not limited to:

- Emotional discomfort during The Workshop or collaborative exercises
- Discussion of sensitive material intended for mature audiences.
- Use and exposure to foul/mature language and themes

3. Release of Liability:

a. I hereby release, waive, discharge, and hold harmless The Workshop organizers, Imaginary Friends design studios, its staff, volunteers, and instructors from any liability, claim, or expense that may arise from my child's participation, whether caused by negligence or otherwise.

4. Photo/Video Release:

a. I understand that photographs and/or video recordings may be taken during The Workshop for promotional purposes. I grant permission for my child's image and/or work to be used by Imaginary Friends design studios in any publications, promotional materials, or social media.

- I AGREE to the use of my child's image for promotional purposes.
- I DO NOT AGREE to the use of my child's image for promotional purposes.

5. Compliance with Rules:

a. I acknowledge that the Participant must comply with all The Workshop rules and regulations, and that failure to do so may result in being dismissed from The Workshop venue.

Medical Information: Please list any allergies, medical conditions, or special needs that we should be aware of

Acknowledgment

By signing below, I acknowledge that I have read and understand this waiver. I give permission for my child to participate in the Storyboard Studio: A Visual Storytelling Workshop, and I accept the terms of this waiver on their behalf.

Parent/Guardian's Signature: _____

Participant's Signature: _____

Printed Name of Parent/Guardian: _____

Printed Name of Participant: _____

Date: _____

Date: _____