



Wowser
 330 East Commercial Street
 Willits, CA 95490
 (707) 459-9697

Minor Membership Application

Minor Information			
Name [First Last]		Age (must be 14-17)	
Address		Date of Birth	____/____/____
City, State, Zip			
Best Phone			
Health Information: Include details for any that are checked, use the back if necessary	<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Allergies <input type="checkbox"/> Medications <input type="checkbox"/> None <input type="checkbox"/> Other conditions that may limit my ability to operate machinery or otherwise participate		
Nickname		School (if enrolled)	Grade
Parent/Guardian Information			
Name [First Last]		Alt phone	
Address		Email	
City, State, Zip		Relationship to Minor	
Best phone			
Emergency and Medical Information			
Provide a second emergency contact in addition to the Parent/Guardian listed above			
Emergency Contact 2		Phone	
Relationship to Minor			
Pick-up Authorization: The following person(s) are authorized to pick up my child from WOWSER			
Driver #1		Driver's phone #	
Driver #2		Driver's phone #	
My child has my permission to walk, bike, take the bus, or otherwise convey him or herself to and from Wowser.			
Guardian's signature			

Applicant (Print Name:) _____ Signature: _____

Parental Authorization for Medical Treatment of a Minor Child

I, _____, am the parent or legal guardian having custody of _____, a minor child. As parent or legal guardian, I hereby authorize and appoint Wowser, of Willits, CA in whose care the minor child has been entrusted as my agent to act for me with respect to my minor child and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child concerning my minor child's personal care, medical treatment, hospitalization, and health care; and to require, withhold, or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My agent shall have the same access to my minor child's medical records that I have, including the right to disclose the contents to others. I understand that I am personally responsible for all costs incurred in the treatment of any injuries to the minor child.

By signing below, I acknowledge that I have read, understand and executed this agreement as of the date shown.

Parent/Guardian: _____ Date: _____

Parent /Guardian Consent and Release Form

PLEASE READ CAREFULLY AND ACKNOWLEDGE THAT YOU UNDERSTAND BY SIGNING BELOW.

Wowser is a membership based manufacturing facility that provides a unique working/learning experience. My child has my permission to participate in the programs hosted by Wowser. I understand fully that all phases of Wowser's programs are hazardous. Prior to being given permission to participate in these programs, my child will receive shop safety information and instruction in the appropriate rules and practices which apply to the shop materials and equipment used as part of these programs.

My child, _____, agrees to observe all safety rules established by WOWSER's staff. They understand that violations of these rules can result in suspension from participation or expulsion from WOWSER's programs.

I have explained the terms of the above to my child, and they have assured me that these matters are understood and they have agreed to them.

I agree that these programs may be audio or video taped, or photographed, for the purpose of documentation and promotion. Participant waives all rights to being photographed. These tapes and/or photographs are the property of WOWSER, exclusively. WOWSER may make any use of such tapes and/or photographs without payment to the participant

My child is in good physical and mental condition; fully capable of participating in WOWSER programs they are enrolled in. They have no conditions which might impair their abilities, except as may be noted on the separate Parental Authorization for Treatment and Information Form and approved in advance by one of WOWSER's Senior Members. Also, they are taking no medications that might affect their abilities to participate in these programs. I have been advised that WOWSER has a firm policy of no smoking, drug or alcohol use or altered states of consciousness on its premises and my child agrees to abide by this policy.

To the maximum extent permitted by law, I hereby assume any and all of the risks attendant with my child's participation in WOWSER's programs. Further, to that same legal extent, I hereby agree to hold harmless and release WOWSER LLC, Caicos Investments Inc., and other members from any and all claims for injury, loss or damage whatsoever that my child might sustain while participating in any activities at WOWSER; and I hereby agree to indemnify them and hold them harmless of and from any such claims, including claims of others, which are based in any part on my child's conduct. I make these agreements in consideration of my child being offered this opportunity at WOWSER.

This document is a general release and membership application. Additional documents may be required for participation in specific programs

I have read this document completely and understand it fully.

I also acknowledge that I have completed and signed the Parental Authorization for Treatment and Minor Application Form.

By signing below, I agree to be bound by this agreement.

Parent/Guardian (Print Name): _____ (relationship) _____

Parent/Guardian (signature): _____ Date: _____

Wowser LLC, by: _____ Date: _____

NOT VALID UNLESS SIGNED ABOVE BY WOWSER

To be completed by WOWSER Staff

Fee: \$ _____	<input type="checkbox"/> k-Check to WOWSER <input type="checkbox"/> s-Cash <input type="checkbox"/> cc-Card <input type="checkbox"/> Promo (explain)
Work Trade (describe):	
Guardian Initial _____	WORK TRADE IS INVALID UNLESS COMPLETED BY THIS DATE _____
Safety Class Start Date:	
Safety Class Passed Date:	
Badge ID:	