

**Peter Patterson Glassworks**  
**888 Tower Road # E**  
**Mundelein, Illinois 60060**  
**Waiver and Release of all Claims**

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the program/programs, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the program/programs.

I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree that full risk of any injuries (including death), damages or loss regardless of severity which I or my child/ward may have as a result of participating in the program against Peter Patterson Glassworks, and its officers, agents, servants, and employees.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program at Peter Patterson Glassworks and its officers, agents, servants and employees.

I do hereby fully release and discharge Peter Patterson Glassworks and its officers, agents, servants and employees from any and all claims for injuries, (including death), damage or losses sustained by me or my minor child/ward arising out of, connected with or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize Peter Patterson Glassworks to secure from any licensed hospital, physician and/or medical personnel any treatment deems necessary for me or my minor child's/ward's immediate care and agree that I will be responsible for payment of any/all medical services rendered.

I have read and fully understand the Program details, Waiver and Release of All Claims and Permission to Secure Treatment.

**Registration Form**

Parent/Guardian Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Participant Name</b>	<b>Age</b>	<b>Sex</b>	<b>Birth Date</b>