

Project/Workshop Applicants

Your Legal

Name: _____
Last First

Middle

Telephone #: _____ Age: _____ Date of Birth: _____

Address: _____
Number Street

Apartment

City: _____ Zip Code: _____

Emergency

Contact: _____
Last First

Middle

Telephone #: _____

Your Relationship to your Emergency

Contact: _____

(i.e. Mother,

Friend)

Do you have any allergies or a medical condition that could make operating tools difficult?

Yes ___ No ___

If you checked "Yes" please explain:

Permission/Waiver

I, _____ plan to participate/observe/volunteer for The _____ project/workshop involving hazardous work and hazardous materials at LA Eco Village. I agree to wear all protective gear provided to me for the project, and I have full knowledge of the risks involved.

In case of an emergency, volunteers or staff for the LA Eco village/CRSP have my permission to seek appropriate medical care for me.

I hereby release The LA Eco village/CRSP, all of its members, board members, attorneys, agents, insurers, any sponsors, volunteers, employees and tenants of any and all claims, demands and causes of actions, known and unknown arising out of participation in the above stated project/workshop.

Signature of Applicant
or Guardian if under 18

Date