



# Make Sew Create

## Ottawa Sewing Center

# Registration Form

### Participant's Information (Please TYPE in the following fields)

Last Name:	First Name:
Age:	Gender:
Sewing level: (B, I or A)	(B-beginner, I-intermediate, A-advanced)
Course of Interest: (BD,ID, AD or BI, II, AI)	(D-domestic, I-Industrial)

### Contact Information

Mailing Address:	First Name:
City:	Province:
Postal Code:	Phone:
E-Mail	Other:

### Emergency Contact Information

Name:	
Relationship to Participant:	
Phone Number:	
E-mail Address:	
Other:	

## Other Information

**Please respond to the following questions in the space provided:**

How did you find out about our Sewing Center?

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Is there any other information you would like to share about yourself? (Voluntary self-identification)

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Comments:

**Please return the completed registration form to:**

**Email:** [info@makesewcreate.com](mailto:info@makesewcreate.com)

**Address:** 5-2000 Thurston Drive, Ottawa, ON K1G 6C9

**Phone:** 613-656-8118

# Waiver, Release, Indemnity, Acknowledgment of Risk, and Conditions of Enrolment

As a participant, \_\_\_\_\_ [*print your name*]

1. I hereby authorize the MSC to take photographs during Course, and to display and otherwise use these photographs without charge solely for the purpose of promotional material in connection with the Sewing Center Program.
2. I also understand that injuries can arise by accident from the very nature of the sewing activities, and I hereby release and waive all rights to any claim or action against the MSC its employees and volunteers, arising from injury, loss or damage to me or to my property except where such injury, loss or damage is caused by negligence.
3. I hereby authorize the MSC, its employees and volunteers to seek emergency medical assistance and treatment for me if the emergency contact cannot be contacted.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed name of Participant

\_\_\_\_\_  
Date