



# STUDENT APPLICATION

FOR ADMISSION TO THE WORKSHOP  
(please print CLEARLY except for signatures)

Student Name \_\_\_\_\_ Age \_\_\_\_\_

Grade in School \_\_\_\_\_ School Attended \_\_\_\_\_

Home..Address \_\_\_\_\_

street number and name

city

state

zip code

Name of Guardian \_\_\_\_\_

Guardian's phone

Guardian's email address (if applicable)

Student's phone (if applicable)

Student's email address (if applicable)

RACE  Caucasian  African American  Hispanic  Asian  Other

### **MEDICAL AUTHORIZATION FOR BUILDING FUTURES**

In the event of an emergency you will be notified immediately. If your child is under 18 years of age many medical facilities will not treat a minor in the absence of written parental/guardian authorization. In the event that we are not able to contact you or you are not able to come to the medical facility immediately, we are asking that you permit Building Futures to authorize emergency medical treatment for your child.

If you have medical coverage for your child, please fill in below the name of the Insurance Company, name of the primary person listed on policy and the policy number. If not, please put NA in the blanks below. We recommend you consider obtaining it for your child while he or she is attending this class. This information will not be used to determine eligibility for enrollment in this class.

Insurance Company

Primary Individual's Name on Policy

Policy Number

As guardian of \_\_\_\_\_ (student name), a minor, I hereby authorize Building Futures to arrange or provide for medical assistance in the event of accident, illness, or injury, including and without limitation, ambulance service, medication, hospitalization, and surgery, and to execute such forms, consents, and releases as may be appropriate, necessary, or desirable under the circumstances.

### **MEDICAL HISTORY**

Please list any allergies or prescription medications the students is taking

I have read this page and agree \_\_\_\_\_

Student's Initial

Guardian's Initial

**PLEASE FILL OUT INFORMATION ON BACK**



**INDIVIDUAL LIABILITY WAIVER:**

**Acknowledgment of Students Responsibility, Express Assumption of Risk, and Release of Liability**

I understand that during my participation in this class, I may be exposed to some hazards and risks, foreseen or unforeseen, which are part of each class and cannot be eliminated without destroying the unique character of the program. I know that Injuries and Damages can occur by natural causes or activities of other persons, classmates, instructors, assistants or third parties, either as a result of negligence or because of other reasons.

In consideration for my acceptance as a student of this program,

- The student agrees to follow all instructions by the instructor, written or oral. The student agrees to treat all others with respect and consideration. The student agrees to operate all equipment or tools in a safe manner as instructed and to wear all safety equipment required to operate any equipment. The student will not be required to operate any equipment that he/she does not feel comfortable with.
- The class officially begins and ends at the time designated for the class. The class does not include carpooling, transportation, or transit to and from the class, and the student is personally responsible for all risks associated with this travel. This does not apply to transportation provided by the Building Futures during the class.
- This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.
- To the fullest extent allowed by law, I agree to WAIVE, DISCHARGE CLAIMS, AND RELEASE FROM LIABILITY BUILDING FUTURES, its officers, directors, employees, agents, and instructors from any and all liability on account of, or in any way resulting from Injuries and Damages in any way connected with this class. I further agree to HOLD HARMLESS Building Futures, its officers, directors, employees, agents, and leaders from any claims, damages, injuries or losses caused by my own negligence while a participant of the class. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrators and assigns.
- I have read this document in its entirety and I freely and voluntarily assume all risks of such Injuries and Damages and I agree to participate in the class.

**PUBLICITY PERMISSION**

I give permission for my or my child's picture, video and/or words to appear on any medium of communication (for example, radio, television, newspapers, (brochure or website) as a means of promoting the Building Futures program. The student's last name will be withheld unless specifically requested and approved.

**ALL CLASSES TO BE HELD AT 2617 NORTH 14TH STREET**

**Upon acceptance to this program I hereby agree and consent to the previously described:  
MEDICAL AUTHORIZATION FOR BUILDING FUTURES - INDIVIDUAL LIABILITY WAIVER –  
PUBLICITY PERMISSION**

\_\_\_\_\_  
Signature of Student: (Date)

\_\_\_\_\_  
Signature of Guardian: (Date)

**APPLICATION:** Please mail the application to: Building Futures, 112 St. George Place, St. Louis, MO 63119

or drop off at 2617 N. 14<sup>th</sup> Street or email to [info@buildingfutures.org](mailto:info@buildingfutures.org)