CAAS You're Worth It

Parent Waiver & Consent

Participant Waiver

I am the parent or legal guardian of the participant listed on this registration and give permission for her to participate in the CAAS You're Worth It Workshop Series presented by Confidence At Any Size, LLC.

I understand that participation includes interactive activities and involves ordinary risks associated with group events. I voluntarily assume these risks and release Confidence At Any Size, LLC, Nikki Jordan, its employees, volunteers, partners, and venue hosts from liability for injuries, losses, or damages arising from participation, except in cases of gross negligence or willful misconduct.

I certify that my child is physically able to participate and have disclosed any medical conditions, allergies, medications, or accommodations that may affect her participation.

Medical Authorization

If I cannot be reached in the event of a medical emergency, I authorize Confidence At Any Size, LLC to seek emergency medical treatment for my child. I understand that I am responsible for any resulting medical expenses.

Photo & Media Release

I give permission for Confidence At Any Size, LLC to photograph or record my child during workshop activities for use in promotional, educational, marketing, social media, website, and print materials. No identifying personal information will be intentionally shared without additional permission.

Registration Policy

Workshop registrations are non-refundable. If my child cannot attend, I may transfer the registration to another eligible participant or apply it to a future workshop within the same workshop series (Fall or Spring).

Parent/Guardian Acknowledgment

By checking the boxes below and submitting this registration, I acknowledge that I have read, understand, and agree to the Participant Waiver, Medical Authorization, Photo & Media Release, and Registration Policy.

Required Checkboxes

☐ I have read and agree to the Participant Waiver and Registration Policy.

☐ I authorize emergency medical treatment if I cannot be reached.

☐ I give permission for my child to be photographed and/or recorded for Confidence At Any Size, LLC marketing and promotional purposes.

Emergency Contact Information

• Parent/Guardian Name

• Parent/Guardian Phone Number

• Parent/Guardian Email

• Emergency Contact Name & Phone Number

• Relationship to Participant

• Authorized Pick-Up Person(s) (if applicable)

• Allergies, Medical Conditions, Medications, or Accommodations