

Parental Supervision Designation Waiver Form

Full Name of Minor: _____

DOB (DD-MMM-YYY): _____

Age: _____ Gender: _____

Name of Parent: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Telephone _____ Email: _____

I realize that participation in Maker activities at Nova Labs, Inc, or any event sponsored by Nova Labs, involves risk. I consent for my child to participate in these activities, and I assume this risk. I give my child’s designee the authority to procure, coordinate or administer any medical attention they may deem necessary if my child is injured while participating in these activities. The designee assumes responsibility for my child while at Nova Labs activities according to the Nova Labs Minor & Safety Policy. By participating in Maker activities at Nova Labs, Inc or activities sponsored or co-sponsored by Nova Labs, I consent for photographs, film or images of my child to be used in any marketing or promotional materials.

PARENTAL DESIGNEE NAME (PRINT)	INITIAL	DATES EFFECTIVE (NO MORE THAN 1 YEAR)
		TO
		TO
		TO
		TO
		TO

Describe any limitations placed on activities of the minor:

Parent's signature: _____ Date: _____

This form will be filed in a binder at the front desk of Nova Labs for a period of 1 year unless requested to be removed by the parent via email to support@nova-labs.org.