

# Introduction to Woodworking, Youth Training Application March 2024

**TO APPLY:** Mail this form to the San Juan County Economic Development Council (EDC), PO Box 3053, Friday Harbor, WA 98250, or deliver to the EDC office at 849 Spring St., Friday Harbor. You may also scan and email your application to <u>marti@sanjuansedc.org</u>.

CLASSES: SATURDAYS, MARCH 23 AND 3, 2024

DEADLINE: March 13, 2024

**COST: \$20.00** Payable online upon applicant's acceptance into the program.

#### FOR MORE INFO: (360) 378-2906, marti@sanjuansedc.org

STUDENT INFORMATION – Applicant must be a legal resident of San Juan County, WA, and applicants may be asked to provide proof of residency in the form of voter's registration or driver's license.

Last Name:	First Name:	Date:
Street Address:		Over 18?
City:	State: Zip:	□Yes □No
Phone:	Email Address:	

PARENT OR GUARDIAN INFORMATION. A PARENT OR GUARDIAN IS REQUIRED TO ATTEND CLASS.					
Last Name: First Name:					
Address (if different)					
City:	State:	Zip:	Phone:		
Relationship to Student:			Email:		

#### **RESPECT AND SAFETY**

The EDC, an independent nonprofit working on the behalf of business owners and workers in San Juan County, offers this training for community benefit and endeavors to conduct it safely; therefore, we require a *parent or guardian* of minor applicants to commit to the following:

I will be taking this class on someone else's property and participation is entirely voluntary. *Initial:* \_\_\_\_\_

I understand that the hosts of this course, including the EDC, property owner(s), and instructor(s), have set policies and rules for participation for the safety of all participants, including the students, instructors, and staff, and other property users who may be present. I understand that non-compliance with course rules and safety policies may result in expulsion from the course. *Initial:* 

I will follow all federal, state, and local public health and safety regulations. I understand that the EDC (an independent nonprofit; not a government entity), the property owners, and the instructor are obligated to follow these regulations but may make additional requirements that participants will be expected to follow. I understand that rules and instructions may be made for a wide range of safety concerns, including but not limited to infectious diseases or physical safety with the tools and materials used in the class. *Initial:* 

This course is intended to help youth explore hand crafts, trades, and careers. Please describe the student's interest and any past

experience in woodworking, and what skills your student wishes to gain from this workshop:

## COMMITMENTS AND CANCELLATIONS

I understand that there is limited enrollment in this course. If my application is accepted, I commit to the following:

- I will provide notice at least 2 days in advance of class if I cannot attend the course.
- I will complete the session, barring illness or work/family emergencies.
- However, I will contact the instructor and I will NOT attend class if I or my student feels sick OR test positive for Covid.

Adult Signature: \_\_\_\_\_

\_Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### LIABILITY WAIVER AND SIGNATURE

I understand that the Introduction to Blacksmithing course involves inherent risks and dangers due to environment, equipment, and the acts or omissions of other people, none of whom are agents or employees of the San Juan County Economic Development Council ("EDC") or the instructors. The EDC does not have any power or direction or control over events or conditions at or during the program. I acknowledge that this activity carries with it the potential for death, serious injury, and property loss. I understand and agree to assume that risk on behalf of myself and my minor dependent. I further agree to defend, indemnify and hold EDC and instructors harmless from and against all claims, suits, judgments and orders arising out of or in connection with my attendance at or travel to and from such training.

Adult Signature: \_\_\_\_\_Date: \_\_\_\_Date: \_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Da

Printed Name: \_\_\_\_\_

PHOTO RELEASE			
I understand that while participating in this activity, my student and/or I may be photographed. Photos help the EDC and partners offer trainings and other programs that benefit the community by supporting our communications about these programs. <b>Please mark one box below:</b>			
I agree to allow photos, video, or film likenesses of myself and my child to be used for any legitimate purpose (marketing or otherwise) by the activity holders, producers, sponsors, organizers, and assigns.			
<ul> <li>OR</li> <li>I do not grant permission for photos, video, or film likenesses of myself and my child to be used for any purpose (marketing or otherwise) by the activity holders, producers, sponsors, organizers, and assigns.</li> </ul>			
Adult Signature:	_Date:		
Printed Name:			
Minor's Name:			