



Build and Grow Clinics



Let's Build Something Together™

Clinic Waiver Form

Clinic Name: _____ Clinic Date: _____

Store #: (To be filled out by Kid's Clinic Captain.)

Total Attendees: _____

Attendee Info:

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Parent/Guardian: (Please Print)

Name:

Address:

Home Phone: () -

Email:

The information you provide will only be used to record your participation in the clinic.

Liability Waiver:

Intended to be legally bound hereby, I give permission for the child(ren) listed above to participate in the Lowe's Build and Grow Clinic. In addition, I authorize and release all photographs taken at the Lowe's Build and Grow Clinic, and in consideration of receiving the supplies and materials for this activity, I hereby release Lowe's Companies, Inc. and all its subsidiaries and their agents and employees of all liability for any injuries or accidents that may occur during this activity.

Parent/Guardian Signature: _____