

**\*\*Washington State Quilters – Spokane Chapter  
Participant Waiver and Release of Liability\*\***

Event/Activity: WSQ Spokane Chapter Quilting Retreat

Date(s): August 19 – August 22, 2026

Location: The Fabric Patch Retreat Center, Soap Lake, WA

**1. Participant Information**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Acknowledgment of Participation**

I acknowledge that I am voluntarily participating in activities, meetings, workshops, classes, or events organized by the Washington State Quilters – Spokane Chapter (WSQ). I understand that participation may involve the use of sewing equipment, tools, machinery, or other materials that could pose certain risks.

**3. Assumption of Risk**

I understand and agree that participation in WSQ activities may involve risks including, but not limited to:

Use of sewing machines, rotary cutters, irons, needles, and other tools

Lifting or moving equipment

Exposure to fabrics, dyes, or cleaning products

General risks associated with group gatherings

I voluntarily assume all risks, known or unknown, associated with my participation.

**4. Release of Liability**

In consideration for being allowed to participate in WSQ activities, I hereby release and hold harmless:

Washington State Quilters – Spokane Chapter, its officers, members, volunteers, instructors, and agents from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, injury, or illness that may occur during or as a result of my participation.

This release applies to injuries caused by negligence, accidents, or otherwise, to the fullest extent permitted by Washington State law.

**5. Medical Treatment**

I authorize WSQ volunteers or representatives to obtain emergency medical care for me if necessary. I understand that I am responsible for any costs associated with such care.

**6. Personal Property**

I understand that WSQ is not responsible for loss, theft, or damage to personal items, sewing equipment, or materials brought to any WSQ activity.

**7. Photography & Media Consent (Optional)**

I grant permission for WSQ to use photographs or videos taken of me during events for promotional or educational purposes. Initial one: \_\_\_\_\_ Yes, I consent \_\_\_\_\_ No, I do not consent.

**8. Agreement & Signature**

By signing below, I acknowledge that I have read, understood, and voluntarily agree to the terms of this waiver and release.

**Participant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature (if under 18):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone #** \_\_\_\_\_