Creative Collective Space

by Womanly Delight Productions

502 West Taft Drive | South Holland, IL 60473

GUEST & VISITOR RELEASE FORM

All guests and visitors must complete this form prior to entry.

VISITOR INFORMATION

Full Name:

Phone:

Email:

Date of Visit:

Time of Arrival:

Host / Member Name:

Purpose of Visit:

FACILITY RULES ACKNOWLEDGMENT

- ☐ I will follow all posted rules and staff instructions while on the premises.
- ☐ I understand that no alcohol, drugs, or illegal substances are permitted.
- ☐ I will not tamper with, operate, or remove any equipment without authorization.
- ☐ I will respect the privacy and work of other members and guests.
- ☐ I understand my visit is at the discretion of W.D.P management and may be ended at any time.
- ☐ I understand the facility has surveillance cameras in common areas for security purposes.

RELEASE OF LIABILITY

By signing below, I voluntarily release W.D.P Creative Collective Space and Womanly Delight Productions LLC, its owners, employees, members, and agents from any and all claims, damages, losses, or expenses — including personal injury, property damage, or theft — arising from my presence on the premises. I acknowledge that I enter as a guest and assume all risks associated with my visit. This release is binding on me, my heirs, and legal representatives.

MINOR VISITORS

If the visitor is under 18 years of age, a parent or legal guardian must complete the fields below.

Minor's Name: **Date of Birth:**

Guardian Name:

Guardian Signature:

VISITOR SIGNATURE

Client Signature: **Date:**

Print Name:

FOR OFFICE USE ONLY

Staff Initials: **Badge/Log #:** **Cleared:**