## Waiver & Release of Liability Form

## ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

Participant and/or parent:	
First Name(Required):	_ Last Name(Required):
Address (Required):	<u>.</u>
Phone (Required):	
If participant is under 18 years of age, enter	the information for the minor for which you are
responsible.	
Name(Required):	Date of Birth(Required):
I understand and acknowledge that there are risks and dangers inherent in participating and/or receiving instruction in glass blowing, an art form that involves the use of molten glass and other materials that can cause bodily harm in the case of mishandling or accidents. Additionally, tooling used in the shop includes industrial equipment such as blow torches, grinders, power hammers, welders, sanding machines, and other power tools.	
Glass. I agree to abide by all safety rules and that ensures my own safety and the safety of	use of all equipment will be provided by Chris Johnson I to take responsibility for conducting myself in a manner of others, which includes wearing appropriate clothing and eye protection (safety glasses) anytime I am working.
any time I feel unsafe or unable to perform a participate in this activity, I agree to assume	ation in these activities is completely voluntary and if at assigned duties safely, I may leave the facility. In order to liability and responsibility for any and all potential risks, hay be associated with participation in such activities.
volunteers shall not be liable for any injury/i	thris Johnson Glass and its employees, officers, agents, or illness suffered by me which is incident to and/or pating in this activity. I acknowledge that I have carefully at I understand and agree to its terms.
	hris Johnson Glass and its representatives the right to take ove-described activity. I authorize the use of these tising, and Web content.
Accept: Decline:	
Signature:	