



RELEASE OF LIABILITY AND VOLUNTARY ASSUMPTION OF RISK

In consideration of participating and/or attending activities of Neusole Foundation dba Neusole Glassworks, I agree to release and discharge the agents, owners, officers, volunteers, participants, employees, and all other persons or entities (collectively "Neusole") assisting or participating in any activity at the Neusole Glassworks facility. Said release is on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate and shall cover the following:

1. I acknowledge that the activities involved in the participation and/or attendance of any activity at the Neusole facility, entails significant risks, both known and unknown, which could result in physical or emotional injury, death, or damage or loss to myself, to my property, or to third parties.
2. I expressly agree to accept and assume all risks existing in Neusole activities, whether those risks be known or unknown, whether caused by the negligent acts or omission of Neusole. My participation in the activity is purely voluntary, and I knowingly elect to participate in glass blowing activities in spite of the risks.
3. I hereby voluntarily release Neusole from any and all claims, demands, or causes of actions, which are in any way connected with my participation in any activity or in my use of Neusole equipment or facilities, including any such claims which result from negligent acts or omissions of Neusole. In all uses, facilities shall include temporary and permanent locations used by Neusole for its activities.
4. Should Neusole or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the cost of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my ability to participate and/or attend safely in this activity.
6. I agree to abide by the rules of the Neusole as set out herein, as set out in any Renter's agreement and as posted at Neusole.

Participant must initial here:

- I am fully aware of all the risks associated with participating in this activity.
- I am not or will not be under the influence of illegal drugs and/or medication during the activity.
- I fully understand or comprehend any rules, restrictions, and directions given during the activity, and if I do not, I will not participate.
- I have gone over health and safety procedures with the staff of Neusole and I understand and will follow all rules and procedures.
- I will immediately report all unsafe acts or dangerous conditions to the staff of Neusole.
- I will immediately report all injuries to Neusole staff.
- I understand that Neusole will not perform any medical treatment or assess injuries; I give permission to be treated by a professional medical person and admitted to a hospital if necessary.
- I will allow photography of myself, my group, my participation in the activities, and understand that they may be used in any way to promote the activities and facilities of Neusole. I expressly grant permission to Neusole or its agents to use any photo in which I appear in any way and for any purpose as they see fit.
- I understand that by adding my email I will receive notice of upcoming events, classes and studio related news. My email will not be used for any other purposes.

PLEASE FILL OUT BACK SIDE OF FORM

IMPORTANT! PLEASE PRINT CLEARLY

Date: _____

Participant Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

E-Mail _____

Signature of Participant _____

Are you under the age of 18? (Minor) yes no

Parent/Guardian Name if Minor _____

Signature of Parent/Guardian if Minor _____

Emergency Contact _____

Phone (_____) _____

Witness _____



Where did you hear about Neusole Glassworks?

- facebook
- instagram
- twitter
- friend
- email
- newspaper
- internet
- other _____