

STAINED GLASS ART CLASS ATTENDING WAIVER AND RELEASE OF LIABILITY

Participant's Name: _____

Address: _____

Phone Number: _____

Email: _____

In consideration of being allowed to participate in the stained glass art classes (hereinafter referred to as "Activity"), I, the undersigned, hereby agree to the following waiver and release of liability:

1. Assumption of Risk

I understand and acknowledge that the Activity involves various risks, including but not limited to the use of sharp tools, glass cutting, soldering, lead exposure, and other potentially hazardous materials and processes. I voluntarily assume all risks associated with my participation in the Activity, whether known or unknown, including the risk of personal injury, property damage, or death.

2. Release of Liability

I hereby release, waive, discharge, and covenant not to sue [AZER STAINED GLASS], its owners, employees, instructors, and agents (collectively referred to as "Released Parties") from any and all claims, demands, liabilities, or causes of action arising out of or in connection with my participation in the Activity, including but not limited to claims related to personal injury, property damage, or loss of any kind.

3. Medical Conditions

I confirm that I do not have any medical conditions that would prevent my safe participation in the Activity or put me at increased risk of injury. If I have any medical conditions that require special precautions or accommodations, I have disclosed these to the instructor before participating in the Activity.

4. Indemnification

I agree to indemnify and hold harmless the Released Parties from any claims, lawsuits, damages, or expenses, including attorney's fees, arising out of my participation in the Activity or the use of any tools, materials, or equipment provided during the Activity.

5. Use of Materials and Equipment

I understand that the stained glass art class involves the use of potentially dangerous tools and materials, including but not limited to glass, solder, chemicals, and power tools. I agree to follow all safety instructions provided by the instructor and to use the tools and materials in a responsible and cautious manner.

6. Emergency Medical Treatment

In the event of any injury or medical emergency, I consent to the administration of first aid or other medical treatment as deemed necessary by the Released Parties. I understand that I will be responsible for any medical expenses incurred as a result of such treatment.

7. Photo/Video Release (Optional)

I grant permission for [INSTRUCTOR/COMPANY NAME] to use any photographs or video footage taken during the Activity for promotional purposes, including but not limited to use on websites, social media, or printed materials.

Yes

No

8. Acknowledgment of Understanding

I have read and fully understand this Waiver and Release of Liability. I understand that I am giving up substantial rights by signing it, and I sign it freely and voluntarily. I understand that this waiver and release is binding upon me, my heirs, executors, and administrators.

Signature of Participant: _____

Date: _____

If the participant is under 18 years old, a parent or guardian must sign below:

Parent/Guardian Name: _____

Signature: _____

Date: _____