

**MELT GLASS  
LIABILITY WAIVER FORM**

Name (Please Print) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone\_(\_\_\_\_\_)\_\_\_\_\_

**THIS IS A RELEASE. READ BEFORE SIGNING.**

I agree that Melt Glass and its respective members, instructors, students and other glass participants (hereinafter, the "Released Parties") shall not be liable or responsible for injury to me (including paralysis or death) or damage to my property occurring during any Melt Glass activities and resulting from acts or omissions occurring during the performance of the activities of the Released Parties, even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that all glass artists participate voluntarily and at their own risk in all Melt Glass activities and I assume all risks of injury and damage arising out of such activities. I acknowledge and understand that the activities of creating glass art, including working with soldering irons, kilns, torches, hot and sharp glass, grinders and other power tools, sharp tools and other potentially dangerous tools and products are inherently dangerous, and I knowingly assume all such risks which may cause serious injury or death to myself. I release and hold the Released Parties harmless from any injury or loss to my person or property which may result from my participation in Melt Glass activities and events. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE THE RELEASED PARTIES FOR ANY INJURY OR RESULTING DAMAGE TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH, THE PERFORMANCE OF THEIR DUTIES IN SPONSORING, PLANNING, OR CONDUCTING GLASS ACTIVITIES. I understand Melt Glass often photographs and/or makes other recordings of events occurring in the studio. Studio user

expressly consents to their likeness and voice being so captured and authorizes Melt Glass to use said material for any purpose including all commercial, publicity and fundraising purposes. Studio user waives all claims for remuneration for said use whether based on invasion of privacy or any other reason.

**WAIVER OF RIGHTS UNDER STATE STATUTES**

I further agree to waive all benefits flowing from any state statute that would negate or limit the scope of this release. By signing this release, I certify that I have read this release and fully understand it and that I am not relying on any statements or representations made by the Released Parties.

PARTICIPANT NAME (Please Print) \_\_\_\_\_

PARTICIPANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_