



Salt & Sand Studios
3955 VT Route 100
Warren VT 05674

Glass Blowing School Waiver

I realize that there are dangers inherent in glassblowing, glass working and other related activities, and that mortal or serious personal injuries and property damages, including (but not limited to) physical effort, cuts, burns, inhalation of hazardous substances, and/or exposure to UV light, may occur from my participation in such activities.

I assume full responsibility for the risk of personal injury, death, and property damages due to the negligence and/or fault of the parties released by this document, and/or due to the condition of the premises on which the activities will take place, whether such negligence, fault, and/or condition of the premises is present at the signing of this agreement or takes place in the future.

On my own behalf and on behalf of my heirs, personal representatives, and assigns, I hereby release Salt & Sand Studios, Spencer Kirk-Jackson, Karen McPhillips and all their officers, directors, members, managers, partners, employees, and volunteers (collectively "the parties released by this document") from all claims, demands, actions, rights of action, or other legal rights to claim the condition of premises, or any other cause whatsoever, whether loss or injury occurs while participating in, going to, or coming from such activity.

Further, I agree to indemnify and hold all parties released by this document harmless from any such claims or demands.

I expressly agree that this waiver and release agreement is intended to be as broad and inclusive as permitted by the Laws of the State of Vermont and of any other state wherein such activities may occur, and that if any portion hereof is held invalid, the remainder hereof shall continue in full force and effect.

This Agreement contains and embodies the entire agreement and understandings between the parties concerning the subject matter thereof.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND AGREE TO THE ABOVE.

Signature: _____ Date: _____

Address: _____ Town: _____ State: _____

Phone: _____ Print Name: _____

Email: _____

If participant is under the age of 18, parent or guardian must sign as well.

Signature: _____ Date: _____

Print name: _____