



**theCLAYSTUDIOofMISSOULA**

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**Date:** \_\_\_\_\_ (dd/mm/yy)

**To:** \_\_\_\_\_ (name of organization or event)

**Event or Activity:**

- Indoor Kilns
- Outdoor Kilns
- Studio Equipment

**Participant:** \_\_\_\_\_ (name of participant in print)

**I completely understand and realize that participation in the above mentioned event or activity could include actions or tasks might be dangerous or hazardous to me.**

**By signing below, I agree to the fact that participation can cause any harm and injury to me. I release the organization or business named above from all liability, cost, and damages which could arise from participation in the above named event or activity. I agree to accept financial responsibility for the costs related to this emergency treatment and give confirmation of the same by signing this document.**

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Parent or Guardian:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_