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: ____________