

**Fire Escape Art Studio & Gallery LLC / Elevated Glass  
Waiver of Liability, Release, Assumption of Risk and Indemnity  
Agreement**

IN CONSIDERATION of for being given the opportunity to participate in glass blowing training with Fire Escape Art Studio & Gallery LLC / Elevated Glass , I \_\_\_\_\_ (or my parent or legal guardian), my personal representatives, heirs, assigns and next of kin;

1. I FULLY ACKNOWLEDGE, agree, and represent that I understand the nature of glass blowing training with Fire Escape Art Studio & Gallery LLC / Elevated Glass and that I am in good health and that I am in proper physical conditions to participate in such training.

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2. I FULLY UNDERSTAND that:

- a. Glass Lampwork training involves risk and danger of serious bodily injury, including severe pain, permanent disability, paralysis and possibly death (risks);
- b. These risks may be caused by my own actions or inactions, the actions of other participants in glass blowing training, or the negligence of the Releaseses named below;
- c. There may be other risks of social and economic losses either not known to me or not foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND RESPONSIBILITIES FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in glass blowing training with Fire Escape Art Studio & Gallery LLC / Elevated Glass.

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3. I AGREE AND WARRANT that I voluntarily have elected to participate in Lampwork training with Fire Escape Art Studio & Gallery LLC / Elevated Glass.

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4. I HEREBY RELEASE and discharge Fire Escape Art Studio & Gallery LLC / Elevated Glass, its principals, its officers, its agents, its employees,

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\_\_\_\_\_, other participants in glass blowing training, and the owners and lessor of the premises on which Fire Escape Art Studio & Gallery LLC / Elevated Glass glass blowing takes place, (each is considered a Releasee) from all claims, liability, and/or causes of action for death, wrongful death, personal injury (whether physical, emotional or psychiatric or any combination thereof), loss of consortium, property damage, breach of contract or any other personal or financial loss incurred as a result of my voluntary participation in glass blowing training in Fire Escape Art Studio & Gallery LLC / Elevated Glass.

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5. I AGREE AND COVENANT not to sue any Releasee, and if, despite this Waiver of Liability, Release, Assumption of Risk, Indemnity agreement, I (or my parent or legal guardian) my representatives, heirs, assists, or next of kin, make(s) claim against any of the Releases, I will INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney's fees, losses, liability, damages, or costs which may be incurred as a result of any such claim or claims.

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6. I UNDERSTAND AND ACKNOWLEDGE there may be unforeseen increases in the cost for glass blowing at Fire Escape Art Studio & Gallery LLC / Elevated Glass, and that I agree to pay the current cost at the time the class is offered, regardless of what I may have been asked to pay for glass blowing training at Fire Escape Art Studio & Gallery LLC / Elevated Glass.

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7. I UNDERSTAND AND ACKNOWLEDGE that i am not entitled to any refund for payment made for glass blowing training at Fire Escape Art Studio & Gallery LLC / Elevated Glass should I fail to attend for any reason or should i be dissatisfied with the contents or quality of the glass blowing training at Fire Escape Art Studio & Gallery LLC / Elevated Glass for any reason.

**I have read this agreement, fully understand its terms, understand that i have given up substantial rights by signing it and choose to sign it freely and without any inducement or contrary assurances, and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance of that agreement shall continue in full force.**

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**PRINTED NAME OF PARTICIPANT**

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**ADDRESS  
CODE**

**CITY, STATE, AND ZIP**

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**TELEPHONE NUMBER**

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**EMAIL**

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**SIGNATURE**

**DATE**

**EMERGENCY CONTACT**

1. \_\_\_\_\_

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**NAME**  
**NUMBER**

**PHONE**

2. \_\_\_\_\_

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**NAME**  
**NUMBER**

**PHONE**