

**FOCI MINNESOTA CENTER FOR GLASS ARTS
ADULT RELEASE FORM**

Name (Please Print) _____

Street Address _____

City _____ State _____ Zip _____

E-mail _____ Phone (_____) _____

THIS IS A RELEASE. READ BEFORE SIGNING.

I agree that Foci Minnesota Center for Glass Arts and its respective members, instructors, students and other glassblowing 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 Foci Minnesota Center for Glass Arts 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 glassblowers participate voluntarily and at their own risk in all Foci Minnesota Center for Glass Arts activities and I assume all risks of injury and damage arising out of such activities. I acknowledge and understand that the activities of glassblowing, including working with fire, hot and sharp glass, grinders, 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 Foci Minnesota Center for Glass Arts 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 GLASSBLOWING ACTIVITIES.

I understand Foci Minnesota Center for Glass Arts 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 MCGA 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.

() I understand that Foci Minnesota Center for Glass Arts maintains an email list for the purpose of sending a monthly newsletter of events and classes. I will be added to this email list, which will not be sold, traded or lent to anyone else, ever. I can opt out now by checking the box, or unsubscribe at any time.

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 _____