

**FOCI MINNESOTA CENTER FOR GLASS ARTS  
PARENT-GUARDIAN RELEASE AND INDEMNITY AGREEMENT**

Minor's Name (Please Print) \_\_\_\_\_

Parent or Guardian Name (Please Print) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

**THIS IS A RELEASE AND INDEMNITY AGREEMENT FOR THE ABOVE MINOR CHILD.  
READ BEFORE SIGNING.**

I, the undersigned parent and/or guardian of the above minor child, acknowledge that I am allowing said minor child to engage in the activities of glassblowing. 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. I fully understand that the above minor child may be seriously injured or killed by engaging in these activities.

I agree to release and hold 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 any injury to the above minor child (including paralysis or death) or damaged 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 further promise to bind myself jointly and severally, my heirs, administrators, and executors to repay the Released Parties any sum of money that they may hereafter be compelled to pay on behalf of this minor child.

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 and agree the instructor has the right to end the class session at any time, for any reason. Instructor will do so when, in his/her sole opinion, it would be unsafe to continue with the instruction. Instructor shall also have the right to terminate any individual's participation if, in the instructor's sole opinion, said person is acting in a manner hazardous to others.

I HAVE CAREFULLY READ THIS RELEASE AND INDEMNITY AGREEMENT AND KNOW THE CONTENTS THEREOF, AND I SIGN THE SAME AS MY OWN FREE ACT.

**WAIVER OF RIGHTS UNDER STATE STATUTES**

I further agree to waive all benefits flowing from any state statute, which 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.

PARENT OR GUARDIAN NAME (Please Print) \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_