WELDING SCULPTURE LIABILITY RELEASE FORM

READ CAREFULLY

WAIVER AND RELEASE OF LIABILITY

In consideration of ***David T Haussler-Sculptor (DTH-S)*** furnishing studio and/or any equipment to enable me to participate in the ***Welded Steel Sculpture Workshop (WSSW)***, I agree as follows:
I fully understand and acknowledge that; (a) risks and dangers exist in my ***WSSW*** and my participation in welding activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease strains, fractures, eye injury, blindness, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, or agents of ***DTH-S***, the negligence of the participants, the negligence of others, accidents, breeches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence of other conduct of the owner, employees of ***DTH-S***, or by any other person.
I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify of ***DTH-S*** and its owners and its employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of welding equipment in the studio.
I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners or employees of ***DTH-S***. This waiver is good for one year.
I have also read and understand the ***DTH-S*** safety rules and by signing below agree to abide strictly by these rules. I agree to keep my eyes and hands protected at all times while working with welding equipment. I also agree to keep my goggles fully on at all times while working with welding equipment. I also agree not to be under the influence of alcohol or under the influence of any drugs that can affect my judgment, perception, or physical movement while attending ***WSSW***.
I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE ***DTH-S*** FROM ANY LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Please Print		Date of Birth / /
Name	Address	City Zip
Phone Home [ ] -	Cell [ ] -	Email
ALL medical conditions, pacemakers and artificial parts, must be listed before entering this course!		
1]	2]	3]
Emergency # [ ] -	Name of Person	Relationship
Signature		Date

ALL PORTIONS OF THIS FORM MUST BE COMPLETED AND SIGNED AT THE BEGINNING OF CLASS. NO ONE CAN START CLASS WITHOUT THIS FORM!