

Waiver and Release of Liability

Please read the information below, sign, and date the waiver prior to the workshop. A signed waiver is required before the workshop can begin. Please email the completed waiver to wagedj@gmail.com or text a photo of the completed waiver to 615-310-4243.

I, the undersigned participant, hereby acknowledge and agree to the following terms and conditions in consideration for being allowed to participate in the art workshop organized by Deborah Wage and held at Buzz in Art LLC, 4472 County Road J, Arnott, WI 54482.

Assumption of Risk:

The participant, on behalf of themselves, waives all claims of liability against Deborah Wage, Jessie Fritsch, and Buzz in Art Studios LLC located at 4472 County Road J, Arnott, WI 54482 for any injuries, damages, or loss of any kind that might be sustained while participating in this art workshop, or for any health condition, new or pre-existing, that might develop or be affected or aggravated because of participation. Neither party can reduce or waive these terms in the event of circumstances beyond our control such as illness or acts of nature. Deborah Wage, Jessie Fritsch, and Buzz in Art Studios LLC assume no liability for any injuries, thefts, losses, or illnesses incurred by participants during or because of participating in a workshop held at Buzz in Art Studios LLC located at 4472 County Road J, Arnott, WI 54482

Waiver of Liability:

I hereby release, discharge, and hold harmless Deborah Wage and Buzz in Art LLC, 4472 County Road J, Arnott, WI 54482, from any and all liability, claims, demands, actions, or causes of action, whether in law or equity, arising out of or related to any physical injury that may occur during or as a result of my participation in the art workshop.

Photography and Media Release:

I grant Deborah Wage the right to take photographs and/or videos of me during the workshop. I understand that these images may be used for promotional or educational purposes, including but not limited to social media, websites, and promotional materials. (Yes____) (No____)

Medical Treatment Authorization:

In the event of an injury or medical emergency, I authorize] to seek and obtain medical treatment on my behalf if deemed necessary. I agree to assume any costs associated with such treatment.

Emergency Contact: _____ Phone _____

I HAVE READ AND UNDERSTOOD THIS WAIVER AND RELEASE OF LIABILITY.

Participant's Signature: _____ Date: _____