

## **Liability Waiver**

Dahl Arts Ceramic / Pottery Studio

7712 Simonds Rd ne Kenmore, Wa 98028 | (206) 495.5425

[www.DahlArtsStudio.com](http://www.DahlArtsStudio.com)

## **Liability Release**

I hereby waive and release any and all rights and claims to damages against Dahl Arts Studio. I accept all risk incidentals and do hereby release Dahl Arts, its employees and representatives, for all liability and injury during any activities. I further agree that in the event medical attention is required due to an accident or illness and my contact person is unreachable, Dahl Arts Studio shall be permitted to seek such medical services as it shall deem necessary and appropriate through EMS/911 and/or local hospitals.

I have read and freely signed this agreement, which shall take effect as a sealed instrument.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_

If the participant is under 18 years of age, a Parent / Guardian must also sign:

I am the legal parent / guardian of . \_\_\_\_\_

I have read and understood the complete Waiver.

\_\_\_\_\_  
Signature of Parent / Guardian printed name of Parent / Guardian Date \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_