Pins & Needles

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

In consideration of being allowed to participate in any way in the program, related events and activities, and use of equipment, I, on my own behalf and on behalf of those minor children listed below, acknowledge, understand and agree:

1. There is a risk of injury, including significant injury, from the activities involved in this program. **I FREELY ASSUME ALL SUCH RISKS** both known and unknown, and assume full responsibility for my participation.
2. To comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
3. To **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS PINS N NEEDLES, INC.** including all of its owners, employers, representatives, agents, suppliers, vendors and other participants or guests, and the owners and lessors of the premises used to conduct the program (collectively, the **"RELEASEES"**), from any and all claims, demands, damages, losses and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE,** to the fullest extent permitted by law.

I agree that photos may be taken of me during class with my projects, or of my child during class with their projects, as the case may be, to be used in promotional efforts.

PARTICIPANT/STUDENT NAME_____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGANTURE_____**DATE**_____

** Waiver will apply to any guests brought to event/workshop by participant listed above.*

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