



RELEASE OF LIABILITY AND ASSUMPTION OF RISK

Class / Workshop / Camp / Program _____ (the "Program")

The undersigned on behalf of themselves and/or any minors named below (referred to as "I" or "Participant" herein) desires to participate in the Program (identified above) provided by The Sawtooth School for Visual Art, a North Carolina non-profit corporation ("Sawtooth"), and as lawful consideration for being permitted to participate in the Program, agrees to all the terms and conditions set forth in this Release of Liability and Assumption of Risk (the "Release").

I represent and warrant that the Participant is mentally and physically fit, capable, able, and willing to participate in the Program.

I hereby agree to use all necessary safety equipment required for the Program, at all times.

ASSUMPTION OF RISK: I AM AWARE AND UNDERSTAND THAT PARTICIPATION IN THE PROGRAM INCLUDES INHERENT RISKS, HAZARDS, AND DANGERS, INCLUDING, BUT NOT LIMITED TO, POSSIBLE INJURIES FROM EQUIPMENT, MATERIALS, AND OTHER PERSONS. I AM AWARE AND UNDERSTAND THAT PARTICIPATION IN THE PROGRAM INVOLVES THE RISK OF PROPERTY DAMAGE, SERIOUS INJURY AND/OR DEATH. I ACKNOWLEDGE THAT I AM VOLUNTARILY PARTICIPATING IN THE PROGRAM WITH KNOWLEDGE OF THE DANGERS INVOLVED AND I HEREBY EXPRESSLY ASSUME ANY AND ALL RISKS OF INJURY, DEATH OR PROPERTY DAMAGE, WHETHER CAUSED BY THE NEGLIGENCE OF SAWTOOTH OR OTHERWISE.

WAIVER AND RELEASE: I HEREBY EXPRESSLY WAIVE, RELEASE, AND FOREVER DISCHARGE SAWTOOTH, ITS OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, CONTRACTORS, AGENTS, AFFILIATES, SUCCESSORS AND ASSIGNS (COLLECTIVELY, "RELEASEES") FROM ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION, DAMAGES, LOSSES, AND LIABILITIES, ARISING OUT OF MY PARTICIPATION IN THE PROGRAM. THIS WAIVER, RELEASE AND DISCHARGE SPECIFICALLY INCLUDES, BUT IS NOT LIMITED TO, LIABILITY OR CLAIMS FOR INJURY, ILLNESS OR DEATH ALLEGED TO HAVE BEEN CAUSED BY THE NEGLIGENCE OF ANY RELEASEES. I COVENANT NOT TO MAKE OR BRING ANY SUCH CLAIM AGAINST SAWTOOTH OR ANY OTHER RELEASEE, AND I FOREVER RELEASE AND DISCHARGE SAWTOOTH AND ALL OTHER RELEASEES FROM LIABILITY UNDER SUCH CLAIMS.

INDEMNITY: I hereby agree to indemnify and hold harmless Sawtooth and all Releasees from any and all claims of any kind or nature, which may be brought against them with respect to my participation in the Program.

CONSENT TO MEDICAL TREATMENT: In the event of any accident or injury of the Participant, I hereby give the officers, employees, volunteers, representatives, and agents of Sawtooth prior consent to procure any medical treatment deemed advisable on behalf of the Participant, including, but not limited to, arranging any medical emergency services which may be required, including any travel incident thereto, and I hereby assume sole responsibility and agree to pay for the costs of such treatment.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND ALL OF THE TERMS OF THIS RELEASE.

Signed: _____

Printed Name: _____

Date: _____

PARENT OR LEGAL GUARDIAN OF PARTICIPANT (IF UNDER THE AGE OF 18):

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to all of the terms and conditions of this Release on behalf of the minor named above.

Signed: _____

Printed Name of Parent or Legal Guardian:

Date: _____

Emergency Contact

Please provide a name, relationship, and contact phone number of the person to be contacted in case of emergency.

Name: _____ Phone: _____

Relation to Participant: _____