



Ohio Center for History, Art & Technology

The Works Glass Studio Assumption of Risk and Release Form

Updated: 8/4/2021

The undersigned, in consideration of being permitted to participate in glass studio activities, including but not limited to glass blowing/glass working in the Glass Studio of The Works: Ohio Center for History, Art & Technology located at 55 S. 1st Street, Newark, Ohio, hereby and to the fullest extent allowed by law, expressly **RELEASE** and forever discharge, The Works: Ohio Center for History Art, & Technology, a non-profit 501 (c) (3) organization under the laws of the state of Ohio, its Trustees, members, agents, volunteers, employees and related entities, from any and all liability for any claims, demands, actions, causes of action, of whatsoever kind or nature, either in law or in equity arising directly or indirectly from my participation in any glass blowing or related glass studio activities as a student/participant. This release specifically includes any bodily injury, death/and or property damage which may occur at The Works, in connection with any glass studio activity. This document will be effective for all sessions of glass studio activities that I participate in at The Works.

I understand that The Works is taking every precaution practical to avoid transmission of the Covid-19 virus including requiring that all students/participants in glass studio activities are vaccinated against the Covid-19 virus, and using best practices in hand sanitizing and hygiene. By participating in glass studio activities, I acknowledge the vaccine requirement and will abide by that condition for participation. By signing this document I am certifying that I am fully vaccinated against Covid-19 as a condition of my participation.

I fully understand and acknowledge that glassblowing and all glasswork activities are inherently dangerous undertakings and that I will follow all instructions regarding the equipment and procedures I will be using as a student/participant of The Works, expressly agreeing failure on my part to conduct operations in a safe and skillful manner will be immediate grounds for termination of my status as a student/participant. I further expressly assume the risks associated with my participation in all glassblowing and all glass studio activities. I will act carefully and thoughtfully, I will ask questions if I am unsure what to do. I will wear closed toed shoes and utilize any needed safety equipment including protective eyewear and heat shields. I have been notified of the safety procedures and the location of first aid items.

The Works Glass Studio Staff may cancel my session, or stop it at any time, if the staff member has safety concerns regarding any possible impairment or hazard to glass studio personnel.

Signature of Student/Participant:

Date

Signature of Parent or Guardian
(If under 18 years of age)

Date

Print Name of Student/Participant

Phone Number