WAIVER AND RELEASE FROM LIABILITY FOR NEIGHBORHOOD PRINT STUDIO USE

employees, officers claims, demands, d every kind and natu arising from or in a	er discharge THE KINGSTON MIDTO s, directors, affiliates, successors, ma ebts, contracts, expenses, causes of are, whether known or unknown, in ny way related to my participation in	WAIVE AND RELEASE, indemnify, hold DWN ARTS DISTRICT CORP, and its agents, anagers and assigns, of and from any and all action, lawsuits, damages and liabilities, of law or equity, that I ever had or may have, in any of the events or activities, conducted
I have completed a purpose of facilitati in which I particip inherently dangero to personal proper all claims for damage	ng my artistic expression. I understa ate includes the use of machinery us and can cause serious or grievou ty and/or death. On behalf of mysel	elieve the studio to be satisfactory for the and that the various activities and functions and chemicals, and equipment that may be us injuries, including bodily injury, damage of the satisfactory of the sa
death or damage to but not limited to unand/or engaging in in a responsible maposes a risk to mys	o personal property associated wit sing the facility and its equipment in artistic and creative activities on and anner to safeguard my own health a	cility and waive any claims of personal injury, in the Neighborhood Print Studio including any manner, form or fashion, and practicing off the premises. I agree at all times to act and safety, and refrain from anything which e to carefully read and obey all posted and
prior written or ora RELEASE. The prov	l agreements between them concern	ent between the parties and supersedes any ning the subject matter of this WAIVER AND SE may be waived, altered, amended or n consent of all parties.
I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver.		
Date	Printed Name	Signature

WITNESS - Printed Name

WITNESS - Signature

Date