

**RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF FULL RESPONSIBILITY FOR ALL
RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE
AND INDEMNITY AGREEMENT**

In agreeing to participate in recreational and art activities conducted by SPLAT Studio, I agree as follows:

I fully understand and acknowledge that recreational and art activities have (a) inherent risks, dangers, and hazards and such exists in my use of any equipment and my participation in these activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that, could cause serious disability; (c) these risks and dangers may be caused by the negligence of the representatives, employees, or volunteers of SPLAT Studio the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes; (d) by my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives, employees, or volunteers of SPLAT Studio, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify SPLAT Studio, and its representatives, employees, and volunteers from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of any equipment or participation in these activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives, employees, and volunteers of SPLAT Studio.

By signing this waiver, I am giving permission for SPLAT Studio to use my picture and/or my children's pictures on our website and/or for advertising purposes.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE SPLAT STUDIO FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Signature of Participant: _____ Date: _____

Print Name: _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of 1) _____, 2) _____,
3) _____, 4) _____

(print minor's name)("Minor") being permitted by SPLAT Studio, to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless SPLAT Studio, from any and all Claims which are brought by, on behalf of Minor, and which are in any way connected with such use of participation by Minor.

Parent or Guardian: _____ Date: _____

Print Name: _____

SPLAT Studio Medical Release and Treatment Form

In the event my child,

1) _____, 2) _____,
3) _____, 4) _____;

needs medical attention, I give the employees, staff, owners, and volunteers of SPLAT Studio the authorization to provide basic first aid and in case of emergency and I cannot be reached, I give the employees, staff, owners, and volunteers of SPLAT Studio permission to authorize medical treatment on my behalf.

Date: _____ Name of Child: _____

Parent/Guardian Signature: _____

Printed name of parent/guardian: _____

Relationship to the child: _____

Special needs or Allergies: _____

Date: _____ Name of Child: _____

Parent/Guardian Signature: _____

Printed name of parent/guardian: _____

Relationship to the child: _____

Special needs or Allergies: _____

Date: _____ Name of Child: _____

Parent/Guardian Signature: _____

Printed name of parent/guardian: _____

Relationship to the child: _____

Special needs or Allergies: _____

Date: _____ Name of Child: _____

Parent/Guardian Signature: _____

Printed name of parent/guardian: _____

Relationship to the child: _____

Special needs or Allergies: _____

EMERGENCY CONTACT INFORMATION:

Home Address: _____

City: _____ State: _____

Home Phone Number: _____ Cell Number: _____

Email Address: _____

Thank you for taking the time to complete these forms. Sincerely, Meghan Winslow, SPLAT Studio Owner