

GRT Hot Glass Studios

6400 Brookville Rd, Ste D
Indianapolis IN 46219
317-357-9006

STUDENT / RENTER NAME (please print): _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

PREMISES AGREEMENT & LIABILITY RELEASE WAIVER

In consideration for permission for me to be present at GRT Hot Glass Studios ("GRT"), and in consideration of GRT Hot Glass Studios authorizing me to use certain equipment on GRT's premises, and for other valuable consideration, the sufficiency of which is hereby acknowledged, I hereby release from liability, waive, and agree to hold harmless GRT and all its present, past, or future officers, directors, employees, staff, instructors, and successors from any and all claims, demands, actions, or causes of action of any sort arising out of or relating in any way to (1) my presence on GRT premises, (2) any negligent act or omission and (3) any personal injury, illness, damage, expense, or property loss.

I agree that I will not use any equipment in the studio that I have not been approved to use. I further agree to return any and all equipment I may use to its rightful place and in good working condition, and to report any damage to Studio Management. I agree to abide by all of the rules and regulations instigated by GRT Hot Glass Studios.

___ PLEASE NOTE: Glass and glass products used during events and classes will, at times, break or become broken in the kiln or during the extraction process. We will do our best in handling artwork but cannot guarantee a flawless outcome every session.

___ PLEASE NOTE: Any artwork left in the studio longer than 30 days will become the property of the studio.

I have carefully read the foregoing agreement, including the terms of the release. This release may be revised at any time and I will be required to complete another form at that time. I understand and accept each of the terms set forth above.

Student / Renter Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____
(If student is under 18 yrs of age)

GRT REPRESENTATIVE / INSTRUCTOR PRINTED NAME: _____
SIGNATURE: _____ DATE: _____