## Kansas City Woodworkers' Guild, Inc.





## KANSAS CITY WOODWORKERS' GUILD AGREEMENT AND GENERAL RELEASE FROM LIABILITY AND VOLUNTARY PARTICIPATION

| I,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------|
| I am aware that woodworking is a hazardous activity. I voluntarily participate in these activities with the knowledge of the danger involved. I do hereby agree to accept any and all risks of injury or death from these activities.                                                                                                                                                                                                                                                                                                                                                                                          |                             |                                  |
| As consideration for being permitted by the Kansas City Woodworkers' Guild, its members, demonstrators or sponsor organizations to participate in these Guild activities and use their facilities and/or power tool equipment, I hereby release Kansas City Woodworkers' Guild, its members, agents, demonstrators, and any of its sponsor organizations from any and all actions, claims, or demands that I, my assigns, heirs, distribute, guardians, and legal representatives, now have or may hereafter have, for injury or damage resulting from my participation in any activity of the Kansas City Woodworkers' Guild. |                             |                                  |
| I hereby grant to the Kansas City Woodwo<br>or any media taken of me for the use or<br>transmission in connection with education,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | distribution in any Guild p | printed matter and/or electronic |
| Signature: Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                  |
| Your Phone #1 Your Phone #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                  |
| Emergency contact information (required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                  |
| Emergency Contact Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phone Number 1              | Phone Number 2                   |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                  |