



The Bubble Factory
69 Choate Street, Essex, MA 01929
(978) 890-5109
info@bubblefactoryma.com
www.bubblefactoryma.com

Safety Questionnaire

Full Name: _____

Email: _____ Phone: _____

For your safety, please list any prescription medications vital to your health that you are currently taking:

Do you have any other disabilities or medical conditions that we should be aware of that may affect your ability to work with glass?
(Allergies, respiratory issues, heart problems, etc.)

Yes No If yes, please describe: _____

Emergency Contact

Name: _____

Relationship: _____

Signature: _____

Photo/Video Release (Optional)

I grant permission to The Bubble Factory, its agents and employees, rights to photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, etc, in any manner or in any medium. Furthermore, I grant permission to use my statements that were given during an event or class, with or without my name, for the purpose of advertising and publicity without restriction.

Yes No Initials: _____

Waiver/Release Agreement

I realize there are dangers inherent in glassblowing, glass working, and other related activities, and that serious personal injuries and property damage, including (but not limited to) physical effort, cuts, burns, and/or exposure to UV light, may occur from my participation in such activities.

I recognize and agree that I am voluntarily participating in these activities and using The Bubble Factory's facilities and that I assume all risks of injury, illness, and other damage or loss inherent or that otherwise might result in my participating in any activities at the Studio or attending other activities sponsored by The Bubble Factory.

I recognize that I am physically capable of participating in such activities to the extent necessary in light of my prior medical history and general physical condition. I agree to follow all rules and regulations communicated by The Bubble Factory and staff of the Bubble Factory for the use of their facilities or in connection with activities sponsored by The Bubble Factory.

On my own behalf and on behalf of my heirs and personal representatives, I hereby release The Bubble Factory and all of their officers, directors, members, managers, partners, contractors, employees, and

volunteers (collectively, "the parties released by this document") from all claims, demands, actions, rights of action, or other legal rights to claim compensation for any loss or injury which I may sustain as a result of their negligence or fault, or the condition of the premises, or any other cause whatsoever, whether loss or injury occurs while participating in, going to, or coming from such activity. Further, I agree to indemnify and hold all parties released by this document harmless from any such claims or demands. I also hereby understand that The Bubble Factory is not responsible for any lost or stolen property. I expressly agree that this waiver and release agreement is intended to be as broad and inclusive as permitted by the Laws of the State of Massachusetts and of any other state wherein such activities may occur, and that if any portion hereof is held invalid, the remainder hereof shall continue in full force and effect.

I agree that I am not under the influence of illegal drugs or alcohol at the time that I sign this waiver/release. By submitting this signed form I acknowledge that I have carefully read the Safety Policy/Preparation forms, filled out the Safety Questionnaire, agree to take the mandatory Orientation and I fully understand that by signing this Waiver and Release I am waiving any right I may have to bring legal action to assert a claim against The Bubble Factory for negligence.

I have read and fully understand the contents of this document. I agree to the terms and conditions stated above.

Printed Name: _____

Date: _____

Signature: _____