

Waiver and Release of Liability

Two Harbors Senior Citizen Workshop Woodworking Classes

Participant Name: _____

Date of Birth: _____

Workshop Dates: _____

WARNING: PLEASE READ CAREFULLY. THIS DOCUMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS. BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU UNDERSTAND AND ACCEPT THESE TERMS.

1. Acknowledgment of Risks

I understand that participation in woodworking classes at the Two Harbors Senior Citizen Workshop involves inherent risks and dangers. *For example, these risks include cuts or punctures from sharp tools like chisels and hand saws, injuries from power tools such as table saws or drills, splinters or irritation from handling wood and finishes, and the possibility of trips or falls in the workshop environment.* These risks may result in serious bodily injury, including cuts, abrasions, fractures, permanent disability, or even death, as well as property damage. I acknowledge that accidents can occur due to the nature of the activity, equipment failure, or human error, and that these risks cannot be entirely eliminated.

2. Assumption of Risk

On behalf of myself (or my child/ward), I voluntarily choose to participate in (or allow participation in) the woodworking classes, fully aware of the risks involved. *I recognize that my child might, for instance, accidentally misuse a tool despite instruction, or that a piece of wood could splinter unexpectedly.* I accept and assume all such risks, whether known or unknown, associated with participation in this activity.

3. Release and Waiver of Liability

In consideration of being permitted to participate in the woodworking classes, I, for myself (or on behalf of my child/ward), my heirs, executors, administrators, and assigns, hereby release, waive, discharge, and agree not to sue the Two Harbors Senior Citizen Workshop, its organizers, instructors, volunteers, or affiliates (collectively, "Released Parties") from any and all claims, demands, damages, or causes of action arising from or related to any injury, death, or property damage that may occur during or as a result of participation in the woodworking classes. *This includes, for example, a scenario where a volunteer instructor fails to notice improper tool handling, or where a participant trips over a cord and is injured.* This release applies whether such incidents are caused by negligence of the Released Parties or otherwise, to the fullest extent permitted by law.

4. Indemnification

I agree to indemnify and hold harmless the Released Parties from any claims, lawsuits, or expenses (including legal fees) brought by myself, my child/ward, or any third party arising from participation

in the woodworking classes. *For instance, if my child accidentally damages a tool and a claim arises, or if a third party sues because of an injury my child caused, I agree to cover those costs.*

☐ 5. Medical Authorization

In the event of an injury or medical emergency, I authorize the Two Harbors Senior Citizen Workshop staff or volunteers to seek and obtain medical treatment for myself (or my child/ward) as deemed necessary. *This might include calling 911, transporting my child to a local clinic like Lake View Hospital in Two Harbors, or administering basic first aid on-site.* I understand that I am responsible for any costs associated with such treatment.

☐ 6. Participant Responsibility

I agree (or agree on behalf of my child/ward) to follow all safety instructions, rules, and guidelines provided by the workshop instructors. *For example, this includes wearing safety goggles when operating machinery, keeping hands away from blades, and not using tools without supervision.* I understand that failure to comply may result in removal from the class without refund.

☐ 7. Age and Competency

I certify that I am (or my child/ward is) at least 12 years of age and physically and mentally capable of participating in the woodworking classes. *My child, for example, has no motor skill impairments or conditions like severe asthma triggered by sawdust that would prevent safe participation.* I have no known health conditions that would prevent safe participation.

☐ 8. Voluntary Agreement

I confirm that I am signing this waiver freely and voluntarily, without duress, and that I have had the opportunity to ask questions about its terms. *I've been informed, for instance, that I could contact the workshop organizers at [insert contact info] with any concerns before signing.* I understand that this is a legally binding agreement that limits my (or my child/ward's) rights to pursue legal action.

Participant Signature (if 18 or older): _____

Date: _____

Parent/Legal Guardian Signature (required for participants under 18):

I, as the parent or legal guardian of the above-named minor, have read and understood this waiver and agree to its terms on behalf of my child/ward. *For example, I'm signing because I believe this woodworking experience, led by skilled seniors in our Two Harbors community, is a valuable opportunity despite its risks.* I have the legal authority to sign this document.

Parent/Guardian Name: _____

Signature: _____

Date: _____