



Formerly The Gallery School of Pottstown @ Gallery on High

254 E. High Street, Pottstown, PA 19464
610-326-2506 * www.artfusion19464.org

The mission of ArtFusion 19464 is to enrich the lives of the residents in the greater Pottstown area through the visual arts, regardless of ethnicity and economic situations. Our goal is to spark creativity, build self-confidence and develop community bonds through education, mentoring and community service.

Waivers, Safety, and Age Requirements for Glass Fusing Arts Education

All students are required to complete and sign a liability waiver, and read and agreed to abide by the safety procedures as outlined by ArtFusion 19464.

Safety in the Fused Glass Studio:

1. Always wear safety glasses when cutting glass and using equipment.
2. Students will not load, unload or operate the glass kiln.
3. Keep hair tied back.
4. Do not wear articles of clothing or jewelry that hang off the body.
5. Do not wear open toed or open heeled footwear (i.e., flip-flops, sandals or clogs) in the glass studio.
6. Do not use any equipment without an instructor present.

WAIVER

In connection with my involvement in glass art classes at ArtFusion 19464, I hereby release ArtFusion 19464, its agents, representatives, successors, or assignees, including ArtFusion 19464 management and employees, from all liabilities, actions, claims, damages, demands, costs, and expenses which I am now or in the future have against them, arising out of or in any way connected with my participation in art classes, including enroute to or from the program or its related events.

I understand that the waiver includes, but is not limited to, all injuries to me and or loss of injuries to any personal property. I also understand that this waiver includes, but is not limited to, any claims that are based on my alleged negligence or any other action or inaction of any of the above parties.

BY SIGNING THIS FORM I AM ACKNOWLEDGING THAT I HAVE READ AND UNDERSTAND THE SAFETY ISSUES AND WAIVER THAT HAVE BEEN OUTLINED:

Print student name: _____
STUDENT SIGNATURE: _____ DATE _____
Print parent name: _____
PARENT SIGNATURE: _____ DATE _____

PERMISSION FOR USE OF ARTWORK AND PHOTOGRAPH

ArtFusion 19464 occasionally uses photographs and artwork in their promotional materials. Most of the work used is created by students and instructors in camps and classes. We would like permission to reproduce your/your child's artwork and photographs for promotional purposes.

SIGNATURE: _____ DATE: _____