



**341 Beech St., Unit 1, Pottstown, PA 19464
610-326-2506 * www.artfusion19464.org**

Waivers, Safety, and Age Requirements for Stained Glass 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. Students under the age of 18 must have approval from the instructor as well as a parent or guardian to enroll in stained glass classes.

Safety in the Stained Glass Studio:

1. Always wear safety glasses when cutting glass and using equipment.
2. Keep hair tied back.
3. Do not wear articles of clothing or jewelry that hang off the body.
4. All clothing must be 100% natural fibers. NO SYNTHETICS.
5. Do not wear open toed or open heeled footwear (i.e., flip-flops, sandals or clogs) in the glass studio. Wear long pants during class.
6. Do not use any equipment without an instructor present.
7. Stained glass classes are not appropriate for pregnant women.

Additional Class Time

Our stained glass curriculums are carefully designed to give you sufficient class time to complete your project. If you miss a class, or need extra time to complete a project once a class session has finished, supervised studio time is available at the instructor’s discretion. Studio time is \$10 per hour, and will be scheduled at a time that is convenient for both student and instructor. Please note that studio time is not always available and is dependent on glass studio availability.

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 (if applicable): _____

PARENT SIGNATURE (if applicable): _____ DATE _____

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.