

Release Form

Please Print

Participant's Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

I request permission to participate in

(Name of venue)

I understand that working with tools has inherent risks, and I release and discharge, SAW (Scrollsaw Association of the World,

_____,
(a Local Chapter of SAW)

(Venue sponsor)

the owner of the venue, their parents, subsidiaries and affiliates, and their employees, subcontractors and agents from any and all claims, causes of action and demands of any kind, whether known or unknown, which the person ever in the future may have, which are based on, or arise from or are related to such participation.

(Signature)

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