

TUFTING SESSION LIABILITY WAIVER & RELEASE OF CLAIMS

This Liability Waiver and Release of Claims ("Waiver") is entered into by the undersigned participant ("Participant") in connection with participation in tufting sessions, workshops, or related activities conducted either in person or virtually in Chicago, Illinois.

1. Assumption of Risk

Participant understands and acknowledges that tufting activities involve the use of mechanical equipment, sharp tools, adhesives, electrical devices, and materials that may pose risks including, but not limited to, cuts, burns, punctures, electrical shock, eye injuries, allergic reactions, and other personal injuries. Participant voluntarily assumes all such risks, whether known or unknown.

2. Virtual Session Acknowledgment

For virtual or remote tufting sessions, Participant acknowledges that the Host has no control over Participant's environment, equipment setup, or safety practices. Participant agrees that they are solely responsible for ensuring a safe workspace and proper use of all tools and materials.

3. Release and Waiver of Liability

Participant hereby releases, waives, discharges, and covenants not to sue the Host, instructors, assistants, agents, or affiliates from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained while participating in any tufting session, whether caused by negligence or otherwise, to the fullest extent permitted under Illinois law.

4. Medical Treatment

Participant authorizes the Host to obtain emergency medical treatment if deemed necessary and agrees to be financially responsible for any medical expenses incurred.

5. Photo and Video Release (Optional)

Participant grants permission for photographs or video recordings taken during sessions to be used for promotional or educational purposes unless Participant provides written notice of refusal.

6. Governing Law

This Waiver shall be governed by and construed in accordance with the laws of the State of Illinois.

By signing below, Participant acknowledges that they have read, understood, and voluntarily agree to the terms of this Waiver. Participant affirms that they are at least 18 years of age or that a parent/legal guardian has signed on their behalf.

Participant Name (Print):	_____
Signature:	_____
Date:	_____
Phone / Email:	_____

Emergency Contact:	<hr/>
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