

Ceramic Artist Studio, Inc. CASI

COVID-19 Acceptance of Risk and Waiver of Liability

Acceptance and Acknowledgement

Please be advised that by your participation, you acknowledge that you are fully aware that there are a number of risks associated with your entering onto Ceramic Artist Studio Incorporated (CASI) property, participating in CASI programs and utilizing CASI equipment during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for CASI permitting you to participate in CASI programs during this emergency period.

On behalf of yourself and your heirs, successors and assigns, you knowingly and freely, assume all such Covid-19 related risks, both known and unknown. Relating to your entry onto CASI property, participation in CASI programs, and utilization of CASI equipment and facilities as described above, and you hereby forever release, waive, relinquish, and discharge CASI, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, "CASI Representatives"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "Damages") as a result of you and/or accompanied family member entering onto CASI property, as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any CASI Representative or any other person related to COVID-19 sanitization. You further promise not to sue CASI or any CASI Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from you and/or accompanied family member contraction of COVID-19. Therefore, without limitations, you acknowledge and understand that you could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death.

You agree by signing here

Signature _____ Date _____

Print Name _____