



## **BUZZ IN ART STUDIOS LLC – SCHEDULED WORKSHOP LIABILITY WAIVER & ASSUMPTION OF RISK**

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Hello Workshop Guest,

I'm excited to share my passion and expertise in encaustic painting with you! I've been working with encaustic since 2004, teaching since 2018, and opened my teaching space, Buzz in Art Studios, in 2022. This space is a working art studio, thoughtfully equipped with ventilation for fumes and safety precautions for handling pigments and hot tools.

Please complete the information below, sign, and date this waiver prior to the workshop. A signed waiver is required for participation.

You can return the completed waiver by:

- Email: [Jessie@JessieFritsch.com](mailto:Jessie@JessieFritsch.com)
- Text (photo of waiver): 715-252-4125

### **PARTICIPANT INFORMATION**

Name: \_\_\_\_\_

Date of Workshop: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### **OPTIONAL QUESTIONS**

1. Are you right or left handed? \_\_\_\_\_

2. How did you find out about this workshop? \_\_\_\_\_

3. What type of music do you like or dislike? (I play music during workshops)

\_\_\_\_\_



## **1. ACKNOWLEDGMENT OF RISK**

I understand that participating in an encaustic painting workshop at Buzz in Art Studios involves exposure to hot tools and surfaces (including, but not limited to, heat guns and heated palettes), pigments, beeswax, and fumes that may pose health risks. These risks may include, but are not limited to:

- Burns or injuries from hot equipment
- Allergic reactions or skin irritation from materials
- Respiratory irritation or discomfort from fumes
- Potential long-term health risks from exposure to certain pigments (e.g., those containing heavy metals)

## **2. SAFETY MEASURES**

I agree to follow all safety instructions provided by the instructor and to use all tools and materials responsibly. I will inform the instructor before the workshop if I have any medical conditions, respiratory sensitivities, or allergies that may affect my ability to participate safely.

## **3. ASSUMPTION OF RISK**

I knowingly and voluntarily accept full responsibility for any injury, illness, or damages that may occur during or as a result of my participation in this workshop. I certify that I am in good health and capable of safely participating in this activity.

## **4. RELEASE OF LIABILITY**

I hereby release and hold harmless Buzz in Art Studios LLC, Jessie Fritsch, and any of their agents, volunteers, interns, or employees from any and all claims, liabilities, or causes of action arising out of any injury, illness, or damage I may sustain while participating in this workshop.





## 5. MEDIA RELEASE

☐ I consent to the use of photographs or video taken during the workshop for promotional purposes, including social media.

If you would like to be tagged on social media, please list your handle(s):

\_\_\_\_\_

☐ I do not consent.

## 6. EMERGENCY CONTACT

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## 7. SIGNATURE

By signing below, I confirm that I have read and understood this waiver and agree to its terms.

Printed Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If participant is under 18:*

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## QUESTIONS?

JESSIE FRITSCH – OWNER OF BUZZ IN ART STUDIOS LLC

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