

HANDS-ON WINDOW WORKSHOP

Registration Form

Please type or print clearly.
Name (First, Last):

Contact Information:

Address _____ City _____ State _____ Zip _____

Telephone _____ E-mail _____

Emergency Contact: Name _____ Telephone _____

FEE IS \$85.00 AND IS DUE WITH THE REGISTRATION AND WAIVER FORMS TO RESERVE A SPOT (checks made out to Heritage Hill Association). The fee is designed to offset material costs and trainers.

SPACE IS LIMITED to 16, RESERVE YOUR SPOT ASAP! Submit to Heritage Hill Association in person or via mail.

WINDOW WORKSHOP INFORMATION

This is a **HANDS-ON** training session where participants will receive training from experts in how to: remove and install sashes, re-rope sashes, strip paint, remove and install glazing, apply epoxy, as well as general information on weather stripping and other elements.

- Location: 1600 Marshall SE – Midtown Craftsman LLC (Shop)
 - o May 3rd , Friday – 5:30 to 8pm (pizza is provided)
 - o May 4th, Saturday - 8:00am to 4:00pm (bring a sack lunch)
- Participants must wear work clothes as you will get a little dirty.
- All participants must bring a sack lunch and beverage on Saturday (1/2 for lunch).
- Fee is \$85.00 per person, checks made out to Heritage Hill Association – fee covers materials and instruction.
- Materials and tools will be provided but remain the property of the instructors.

SPACE IS LIMITED to 16, RESERVE YOUR SPOT ASAP!

All registrations should be hand delivered or mailed to Heritage Hill Association 126 College SE Grand Rapids MI 49503. Direct any questions to Rhonda Baker at 616-456-3451 or to rbaker@grcity.us or to Jan Earl at 616-459-8950 or heritage@heritagehillweb.org

ACCIDENT WAIVER AND RELEASE OF LIABILITY

Historic Preservation Workshop

Assumption of Risk

By signing below I, _____, assume all risks of participating in this workshop. Without limiting this general assumption of risk, I specifically assume any risks that may arise from the negligence, carelessness, or recklessness of the organizers of this workshop or its agents or employees; dangerous or defective equipment used in any way in the course of the workshop; or any other source of liability.

I certify that I am physically fit, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this workshop.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organizers of this workshop, and that it will govern my actions and responsibilities at the workshop. I agree to follow all safety instructions, and use all available safety and personal protection clothing and equipment as instructed.

Release of Liability

In consideration of being permitted to participate in this workshop:

- (A) I release and discharge from any and all liability, promise not to sue, and will hold forever harmless the City of Grand Rapids, the Heritage Hill Association, Midtown Craftsmen LLC, Heritage Window Restoration LLC, Michigan State Housing Development Authority, and their directors, officers, employees, volunteers, representatives, agents, and assigns; and the workshop holders, workshop sponsors, and workshop volunteers from all claims, damages, and causes of action arising from my death, disability, personal injury, property damage, or property theft resulting from my participation in, attendance at, or travel to and from the workshop, whether arising immediately or in the future.
- (B) I further release the City of Grand Rapids, the Heritage Hill Association, Midtown Craftsmen LLC, Heritage Window Restoration LLC, Michigan State Housing Development Authority, and their directors, officers, employees, volunteers, representatives, agents, and assigns; and the workshop holders, workshop sponsors, and workshop volunteers from all claims, damages, and causes of action, whether in law or equity, that my heirs, executors, administrators, successors, and assigns have or may have arising or resulting from my participation in, attendance at, or travel to and from the workshop, whether arising immediately or in the future.

Emergency Medical Treatment

I consent to receive any medical treatment that is, in the best judgment of those available, deemed advisable in the event of injury, accident, or illness during the workshop.

Publicity Consent

I understand that at this workshop, I may be photographed or recorded. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Trainee's Name

Signature

Date