NIPPON TRAVEL AGENCY

For Slow Fiber Studios Tour: Arimatsu 2011

PARTICIPATION AGREEMENT, RELEASE AND ASSUMPTION OF RISK

By signing this Participation Agreement, Release and Assumption of Risk (this "Agreement") you are giving up certain legal rights, including the right to recover damages in case of injury, death or property damage. <u>Please read this Agreement carefully before signing it.</u> Your signature indicates your understanding of and agreement to the terms of this Agreement.

Nippon Travel Agency is coordinating the travel logistics for the Slow Fiber Studios Tour to Arimatsu 2011 ("SFS Tour"), an event organized by World Shibori Network's Slow Fiber Studios ("SFS") scheduled to take place in May-June 2011. Your participation in the SFS Tour may be physically demanding; daily activities, schedules, and demonstrations may vary and change; and dangers and risks cannot be completely eliminated despite reasonable care. It is therefore the policy of Nippon Travel Agency to have each adult participant (and the parents of minor participants) review and sign this Agreement.

I, the undersigned, in consideration of the services of Nippon Travel Agency, its officers, employees, agents or representatives ("NTA"), hereby agree to release and discharge NTA, on behalf of myself, my heirs, assigns, personal representatives and estate, as follows:

- 1. **Inherently Dangerous Risks.** I understand and acknowledge that during the course of my participation in the activities, workshops and general travel plans of SFS Tour, there may be use of inherently dangerous tools, equipment, machines, chemicals or substances. <u>I understand and acknowledge that my participation in activities, workshops and general travel plans of SFS Tour could result in property damage, illness, serious injury or even death, and I voluntarily assume and accept these risks and dangers.</u>
- 2. **Health and Safety.** I am aware that my own behavior can affect my personal safety and the safety of other participants in the SFS Tour. I agree to abide by and follow any instructions given or rules established by SFS or any of its officers, employees, agents or representatives with regard to my use of any tools, equipment, machines, chemicals or substances during a demonstration or workshop. I understand and acknowledge that failure to comply may result in my expulsion from the SFS India tour at the sole discretion of NTA or SFS and at my expense.
- 3. **Assumption of Risk.** Knowing the risks described above, I agree, on behalf of myself, my heirs, assigns, personal representatives and estate, to assume all risks and responsibilities surrounding my participation in the SFS Tour and related programs, including presentations and workshops scheduled with collaborating artists, organizations, schools, studios.
- 4. **Release of Claims.** To the extent permitted by law, I release and indemnify NTA and its officers, employees, agents or representatives, from and against any present or future claim (including any claim that NTA, its officers, employees, agents or representatives are or may be negligent in connection with my participation in the SFS Tour), loss or liability for injury to person or property which I may suffer, up to and including death, or for which I may be liable to any other person, during my participation in the SFS Tour.

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I have carefully read this Agreement, have been given the opportunity to ask questions and fully understand the contents of this Agreement. NTA has not made any representations, statements or inducements, oral or written, apart from this Agreement. My agreement to the provisions of this Agreement is voluntary. I am aware that this is a release of liability and a binding contract between myself and NTA, and I sign it of my own free will. This Agreement will become effective on its receipt by NTA and will be governed by the laws of Japan. To the extent any provisions of this Agreement are found to be invalid, all other provisions within this Agreement will remain in effect.

** SIGN and RETURN FORM. Keep a photocopy for your records. **

Name of Participant:		-
City, State:		-
Country, Postal Code:		_
Telephone Number:		-
Signature		Date
[If participant is under 18	8 years of age]	
will be legally responsible	guardian of the above participant, have read the fore le for the obligations and acts of the participant as d d for the participant, to be bound by its terms.	
Signature		Date
Typed or Printed Name		

Please return only Page 2 of this document, signed.

Send by fax (1.510.527.0231) OR scan and email to info@shibori.org OR mail to:

Slow Fiber Studios c/o WSN 696 Hilldale Avenue Berkeley CA 94708 USA