

SLOW FIBER STUDIOS & WORLD SHIBORI NETWORK
Slow Fiber Studio 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. Please read this Agreement carefully before signing it. Your signature indicates your understanding of and agreement to the terms of this Agreement.

Slow Fiber Studios ("SFS"), an extension of World Shibori Network, has organized a tour program ("SFS Tour") to Arimatsu, Japan and surrounding cities in May-June 2011. It is in the best interests of all participants in the SFS Tour to be aware of, to acknowledge, and to voluntarily assume the unavoidable dangers and risks involved in participating in the SFS Tour. 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 the World Shibori Network and Slow Fiber Studios 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 World Shibori Network, its officers, employees, agents or representatives ("WSN"), hereby agree to release and discharge WSN, 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 daily activities, schedules, and demonstrations planned as part of the SFS Tour, I may use inherently dangerous tools, equipment, machines, chemicals or substances. I understand and acknowledge that my participation in daily activities, schedules, and demonstrations planned as part of the SFS Tour could result in property damage, illness, serious injury or even death, and I voluntarily assume and accept these risks and dangers.
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 WSN 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 Tour at the sole discretion of WSN and at my expense.
3. **Risks Related to Travel.** I understand and acknowledge that my participation in the Tour will involve travel by bus, train, and car and overnight stays in hotel. I understand and acknowledge that the schedule of planned activities on the Tour and their cost are subject to change without notice. Travel involves inherent risks and dangers including, but not limited to, unexpected changes to or cancellation of means of transportation, property damage, illness, personal injury or even death. I understand and acknowledge that WSN has advised me to obtain travel and trip cancellation insurance to cover these risks and dangers, and I voluntarily assume these risks and dangers.
4. **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.
5. **Release of Claims.** To the extent permitted by law, I release and indemnify WSN and its officers, employees, agents or representatives, from and against any present or future claim (including any claim that WSN, 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. 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 WSN, and I sign it of my own free will. This Agreement will become effective on its receipt by WSN and will be governed by the laws of USA. 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 years of age]

I am the parent or legal guardian of the above participant, have read the foregoing Agreement, am and will be legally responsible for the obligations and acts of the participant as described in this Agreement, and agree, for myself and 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**