TO: Participants enrolled in *Introduction to Forging & Tool Making*
FROM: Vern Caron, Instructor

**Waiver Form**

_The accompanying waiver form must be carefully read, signed and returned to Cabrillo Extension prior to the first class meeting either by fax: 477-5239, or by mailing in the enclosed envelope. All participants must agree to these terms in order to attend this workshop._

**Please come prepared with:**

- Shaded safety glasses — sunglasses or shade 3 maximum (available at most hardware stores or welding suppliers)
- Thin leather gloves, unlined, for protection (cowhand style)

You will be forging with hot steel and coal fires. Dress appropriately. Do not wear shorts or flammable fabrics, such as polyester or nylon. Also, do not wear open-toed shoes/sandals.

If you are interested in finding out more information about Blacksmithing, contact ABANA, Artist-Blacksmiths' Association of North America, at P.O. Box 206, Washington, MO. 63090, or visit their web site (the easiest way to access Blacksmithing information on the internet is to search with the name "ABANA" as there are many related web sites).

You may want to bring bag lunches, beverages & snacks for energy if you prefer not to leave the studio for lunch. I look forward to working with you.
VOLUNTARY ACTIVITY PARTICIPATION FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

__________________________________________ wishes to participate in the District-sponsored activities of  Forming and Toolmaking.

I understand and acknowledge that there are risks and dangers inherent in participating and/or receiving instruction in Introduction to Forming and Toolmaking.

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the Cabrillo College and the District.

I understand and acknowledge that in order to participate in this activity, I agree to assume liability and responsibility for any and all potential risks, personal injury or property damage which may be associated with participation in such activities.

I understand, acknowledge, and agree that Cabrillo College and the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

__________________________________________  ______
Student Signature  Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with Cabrillo Extension before a student will be allowed to participate in the above activities.