

## Waiver and Release of Liability

In consideration of the risk of injury while participating in using an Accuquilt machine, I knowingly and voluntarily enter into this waiver and release of liability from the Starlight Quilt Guild or any of its volunteers. I am aware that there may be some risks involved, but I assume those risks voluntarily. In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_