



Liability Release:

Between _____ (print your first and last name)
and The Bodgery, 740 Oscar Ave, Madison WI 53704.

By signing this agreement, I acknowledge that The Bodgery is a dangerous place and I agree to HOLD HARMLESS The Bodgery, its members, its officers, and its directors.

Initials: _____

I understand that I am personally responsible for my safety and actions. I will follow all safety instructions and signage at The Bodgery.

Initials: _____

I also understand that I am responsible for properly monitoring and labeling anything I bring to The Bodgery and that The Bodgery is not responsible for any lost, damaged, or stolen property.

Initials: _____

I affirm that I am 18 years of age or older, and that I am mentally competent to sign this release.

Initials: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

Signature: _____ Date: _____