



## Liability Release:

Between \_\_\_\_\_ (print your first and last name)  
and The Bodgery, 4444 Robertson Rd., Madison WI 53714.

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: \_\_\_\_\_