

OHP Member Information

Ogres-Holm Pottery 1215 S. Carson St Carson City, NV 89701 775-461-3616

Member Name(s):			Guardian Name & Contact (if under 18):			
Contact Phone: Ok to send text messages?			Email Address:			
Mailing Address:						
City:		State:		ZIP Code:		
Sample marks you use on your work. (This is to help identify your work)						
a)	b)			c)		
Studio WAIVER: I understand and constitutes acceptance of the condition my guardianship) involvement in OH including owners and employees, from ow or in the future have against their sponsored workshop, class, open studinjuries to me and or loss or injuries the limited to, any claims that are based of	ons set forth IP, I hereby m all liabilit m, arising or dio, or studio to any perso	in this v release (ties, acti- at of or i activity nal prop	vaiver. In connection wo OHP, its agents, represe ons, claims, damages, d in any way connected way. I understand that the erty. I also understand	ith my (or p ntatives, suc emands, cos ith my partic waiver inclu that this wai	articipating individual cessors, or assignents, and expenses we cipation in any OH ades, but is not limited ver includes, but it	duals under ees, which I am IP ited to, all s not
Print Name			Print Name			
Signature	Date		Guardian Signature if t	under 18	Date	