

Registration Form 3- Tools a la Carte

Twin Birch Woodworking

Gail Grycel, cabinetmaker

P.O.Box 826

Putney, VT 05346

www.twinbirchwoodworking.com

tbww12@yahoo.com

802-380-7227

Name _____

Address _____

Phone: _____ e-mail: _____

Full refunds are available up to 5 days before classes start. Half refunds are available between 5 days and start of class. Contact for availability first.

Please enclose this form with payment. Checks should be made out to Gail Grycel.

1. Table Saw _____ 2. Table Saw Joinery _____ 3. Drill/Router _____

4. Skill, Jig, Miter, Band Saws _____ 5. Box Joinery _____

Amount enclosed: _____

Safety/Insurance Waiver

Working with tools can be dangerous. Accidents can happen due to inexperience, unsafe working conditions, unsafe machinery or tools. In each class, safe practices will be taught-each machine has its own set of safety issues, and there are general and common sense practices to learn. Because I am considered a school, my liability insurance does not cover medical payments should an injury happen. It is advisable that each participant has insurance or some kind of medical coverage in the slim chance that an accident occur. During the course of the classes, I will be extremely attentive to those working on dangerous machines, since guidance and experience are the best ways to protect ourselves from injury.

Please read the above paragraph and sign and date that you understand what is stated.

Do you have medical coverage? Yes _____ No _____ Date _____

Release Form

Do you agree to having your working photo or project photo on the web site or other promotional materials? (No names or other information will be shown.)

Agree _____ Rather Not _____ Want to see photo first _____