



Fire Performance Liability Waiver & Release of Claims

Paradise Pai – Fire Spinning & Fire Bubble Activities

1. Acknowledgement of Risk

I acknowledge that participation in fire-related activities (including, but not limited to, fire spinning, fire bubbles, fire breathing, and related performances) involves inherent risks, including but not limited to: burns, smoke inhalation, or other physical injuries; property damage; accidents caused by equipment malfunction, human error, or environmental factors; serious injury or death. I understand and accept that these risks cannot be completely eliminated, even with proper supervision and safety precautions.

2. Assumption of Responsibility

I voluntarily choose to participate in these activities and assume full responsibility for any risks, injuries, or damages that may occur to myself, my property, or others.

3. Release & Waiver

In consideration of being allowed to participate, I hereby release and discharge Paradise Pai (venue, owners, management, and staff), event organizers, instructors, and volunteers from any and all claims, liabilities, demands, or causes of action arising from my participation, whether caused by negligence or otherwise.

4. Safety Agreement

I agree to follow all instructions and safety protocols provided by staff or supervisors. I will use only approved fuels, props, and equipment. I will not participate if under the influence of alcohol or drugs. I will respect designated fire performance areas and equipment storage rules.

5. Medical Authorization

In case of emergency, I authorize Paradise Pai staff to seek medical treatment on my behalf. I understand I am solely responsible for any resulting medical expenses.

6. Photography & Media Consent

I give permission for Paradise Pai to capture and share photos or videos of my performance to celebrate our community. (Please tick below) ■ Yes ■ No

7. Governing Law

This waiver is governed by the laws of the Kingdom of Thailand. Any disputes will be resolved in Thai courts.

I HAVE READ, UNDERSTOOD, AND AGREE TO THIS WAIVER.

Participant Name: _____ Date: _____

Signature: _____ Emergency

Contact: _____