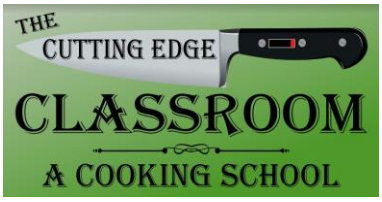

The Cutting Edge Classroom Cooking School - Child Waiver Form

We want your children to be happy, healthy and safe! If you have any questions, please feel free to call us at 865-335-9370 or email us at jalunnijr@gmail.com

PARENT/GUARDIAN and CHILD INFORMATION:

Child's Name: First Name _____ Last Name _____
Child's Birth Date _____ Parent First Name _____ Parent Last Name _____ Address

_____

City_____ State_____ ZipCode_____

Phone Number: _____
Email:_____
Parent/Guardian Signature _____

ALLERGY AND OTHER INFORMATION

ALLERGIES: Please describe any allergies or food sensitivities your child has. If your child has no allergies, type or write "None" below.

_____

_____

Emergency Contact Name:

_____

Relationship _____

Phone Number: _____
Email:_____

ASSUMPTION OF RISK, RELEASE OF LIABILITY & WAIVER SPROUTS COOKING'S PERMISSION TO USE IMAGE By signing this Assumption of Risk, Release of Liability and Waiver, I represent that it is my desire and intent that the child identified above (my Child) participate in the activities of The Cutting Edge Classroom, specifically including cooking class(es). I also represent that I have the authority to enter into this agreement on behalf of my Child as the Child's parent or legal guardian. I acknowledge that the participation of my Child in The Cutting Edge Classroom cooking casses, which includes participating in activities related to preparing and eating food, involves known and unknown risks, including the risk of physical injury, death and other damage. On behalf of my Child, I expressly and voluntarily assume any and all risks associated with participation in The Cutting Edge Classroom cooking class(es) and eating the food prepared there. I understand that there are risks inherent in cooking and eating the food prepared, including but not limited to, slips, falls, cuts, burns, choking, food allergy reactions and other accidents and injuries that may arise from the activity of cooking and eating the food prepared in class. In consideration for my Child being permitted to attend and participate in The Cutting Edge Classroom

cooking class(es) and any and all of the activities that are or might be associated with The Cutting Edge Classroom, on my Child's behalf, I release and further agree to indemnify, defend and hold harmless The Cutting Edge Classroom, including its members, managers, officers, owners, employees, agents, contractors, representatives, volunteers, interns, and insurers, from any and all claims, demands, actions, causes of action, lawsuits, expenses or losses (including attorney fees) whatsoever that could be brought by me, my Child or a third party acting on behalf of my Child or me for acts or omissions related in any way to, or arising out of, The Cutting Edge Classroom classes and the preparation of food in that class for consumption. I understand that at any classes, events or activities of The Cutting Edge Classroom my Child may be photographed, filmed or otherwise have our activities recorded by The Cutting Edge Classroom, its employees, agents or contractors. In further consideration for my Child being permitted to attend and participate in The Cutting Edge Classroom class(es), I agree to allow the voice, image and likeness of my Child to be recorded and reproduced by photo, video, film, tape or any other media, including any electronic or digital media, and that such content may be used and reproduced for any legitimate purpose by The Cutting Edge Classroom or its assigns. I agree that The Cutting Edge Classroom shall own all copyrights in such content. I hereby waive any and all rights to royalties, commissions or other compensation, and any and all rights of publicity or privacy, that my Child may have, now or in the future, related to the use or exploitation of such content described above by The Cutting Edge Classroom. I understand that this is the entire agreement between The Cutting Edge Classroom, their agents or employees, and me, and that it cannot be modified or changed in any way by the representations or statements of any employee, agent, volunteer or intern of The Cutting Edge Classroom. I agree that this Agreement shall be governed and interpreted under Tennessee law. I acknowledge that I have read and understand this document, which affects my Child's and my legal rights, and I am signing it on behalf of the Child, as well as his/her heirs and assigns, who will be bound by all of its terms.

By signing this form, I agree to the above waiver.

Parent or Guardian Signature

Signature _____ Date _____