

Cooking Class Waiver Form

Hold Harmless Agreement, Waiver and Release

In consideration of being permitted by Nini's Cooking Class to participate in a cooking class, I hereby waive, release and discharge any and all claims for damages or personal injury, death, or property damage which I or my child may have or which may hereafter accrue as a result of participation in a cooking class.

I understand that the activity that I or my child is participating in may be of a hazardous nature and/or include physical and/or strenuous activity, that serious accidents occasionally occur during the said activity; and that participants in the said activity can occasionally sustain personal injuries as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless Nini's Cooking Class, its officers, directors, members and managers, and all other members of its cooking school staff whether contracted or employed, who might otherwise be liable to me. I further understand and agree that this waiver, release and assumption of risks is to be binding on my heirs and assigns.

I hereby grant Nini's Cooking Class all rights and consent to copyright, use, re-use, publish or re-publish, copy, exhibit or distribute all photographs and/or video of myself or my child to be used for Nini's Cooking Class website, social media, and any educational, training or promotional electronic or printed material without restriction as to frequency or duration of usage and without compensation. By signing this waiver, I acknowledge that I have carefully read this Hold Harmless Agreement, Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Nini's Cooking Class and any staff member of cooking class whether contracted or employed.

| Print Parent Name | |
|---|-----|
| Print Child Name | |
| Address Email | |
| Phone | |
| Signature | |
| Date | |
| In the event of an emergency, please contact the following person(s) in the order present | ed: |
| Emergency Contact Name | |
| Contact Relationship | |
| Contact Telephone | |