



FUN CHEFS, LLC WAIVER, ASSUMPTION OF RISK AND RELEASE FROM LIABILITY

1. As a parent of a child enrolling in Fun Chefs, LLC, I understand that I and/or my child/ward (hereafter referred to as “participant”) will be engaged in cooking activities at Fun Chefs, LLC.
2. While in the course of such activities, the participant may have direct contact or exposure with various appliances, equipment and tools (hereinafter referred to as “kitchen tools”) associated with cooking.
3. I understand that such kitchen tools are capable of causing serious personal injury and property damage.
4. I understand there are other inherent risks associated with participating in cooking activities, including operating hot stoves, boiling water, hot oil, and ovens. There is a risk of slipping and falling on food spills.
5. Likewise, there are risks associated with eating and ingesting food and drinks, including choking, food allergic reactions, and anaphylactic shock. There may be cross-contamination with foods that cause food allergies, and trace amounts of those foods.
6. I agree to assume those risks and forever release, indemnify and hold harmless Fun Chefs, LLC and/or any of its officers, director, cooking school staff, agent, contractor, or representatives (“Fun Chefs, LLC”) for any personal injury and property damage which could potentially result from participant’s engagement in any Fun Chefs, LLC activities.
7. Furthermore, I give Fun Chefs, LLC the authority to seek emergency medical treatment for participant, should it be deemed warranted by Fun Chefs, LLC and/or anyone under its employ. I know of no other condition that would prevent participant from engaging in activities.
8. This waiver, release and assumption of risk is binding on all heirs and assigns.

9. For the safety, welfare and proper maintenance of all participants, Fun Chefs, LLC reserves the right to dismiss a participant whose conduct or influence is adverse to the best interests of Fun Chefs, LLC or the other participants. Such conduct or influence includes but is not limited to weapons, drugs, drug paraphernalia, vandalism, non-compliance with program rules and procedures, failure to follow safety instructions, inappropriate behavior or the omission or misrepresentation of any medical or mental history of the participant.

Child's Name: _____ (PLEASE FILL OUT A SEPARATE FORM FOR EACH CHILD IF THERE IS MORE THAN ONE PARTICIPANT)

School Location: _____

Please list clearly and food allergies, if any, that your child may have: _____

Please list clearly any additional health concerns or problems your child may have:

Parent/Guardian's Signature _____

Date: _____