



**ACKNOWLEDGEMENT, ASSUMPTION OF RISKS AND WAIVER OF CLAIMS**

This disclosure includes a release of liability and waiver of certain legal rights. You are required to fill out a one-time liability/risk waiver for **each participant** attending any thePatsy class, event or activity. We will keep this release on file.

In consideration for the participation of myself, or any child, which I am permitting to participate in a cooking activity at the Patsy Limited, I agree to the following:

**ACKNOWLEDGEMENT OF RISKS**

I understand that the participant will prepare, cook and eat a variety of foods. I understand he/she will be working with a variety of cooking tools and kitchen appliances, with supervision, in a busy kitchen environment. I understand the nature and all risks involved in any cooking activity and I give permission for participation in all cooking activities, including those described above. I acknowledge the inherent risks, including those described above, involved in these cooking activities and assume the risk for any damage, illness and injuries resulting from such risks.

I, as a participant or as parent/legal guardian on behalf of my participating child, hereby waive any claim or prospective claim of liability by myself, my child or by me on behalf of my child, against the Patsy Limited, their employees and agents, with respect to any injuries, illness, damage or death occurring to myself or my child while participating in, or as a result of participation in, any and all cooking activities or events with the Patsy Limited. I further agree to indemnify and to hold the Patsy Limited, as well as all members of its cooking classes staff whether contracted or permanent employees and harmless from any injury, illness, loss, liability damage, cost, or expense which they may incur as a result of any injury that I or my child may sustain while participating in said activity.

**SICK CHILD POLICY**

I agree that I will not send my child to class if he/she has or had a fever or diarrhea in the past 24 hours, has an active cough, frequently needs to blow their nose or has any other contagious illness.

**PHOTO/VIDEO RELEASE**

I fully understand that I and/or my minor child may be photographed or video taped while attending a class or event at thePatsy. I hereby surrender all property rights to said photos or videos and understand that thePatsy may or may not choose to use these photos or videos for media or promotional use now or in the future. I understand that if the photos or videos are used, it will be done so in a tasteful and respectful manner.

**By signing this waiver, I acknowledge that I have carefully read the acknowledgement of risks, the release, waiver of liability and indemnification, the sick child policy and photo/ video release and fully understand its contents.**

Date: \_\_\_\_\_

Participant/Childs Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Participant/Childs Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_



Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to join our eMail Newsletter? Yes \_\_\_\_\_ No \_\_\_\_\_

Where did you hear of us?

\_\_\_\_\_

Emergency Contact Name(s):

\_\_\_\_\_

Emergency Contact Phone Number(s):

\_\_\_\_\_

Food Allergies or Medical Conditions:

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