



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 Bakers Buzzin' 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 Bakers Buzzin', LLC, 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.

RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION

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 Bakers Buzzin' LLC, 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 Bakers Buzzin' LLC. I further agree to indemnify and to hold Bakers Buzzin' LLC as well as all members of its cooking classes staff whether contracted or employed free 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 Bakers Buzzin'. I hereby surrender all property rights to said photos or videos and understand that Bakers Buzzin' 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.

SEVERABILITY AGREEMENT

The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of South Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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 PHOTO/VIDEO RELEASE AND SEVERABILITY AGREEMENT** 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: _____

City, State, Zip: _____ Phone: _____

Email: _____ Join our eMail Newsletter? Yes ___ No ___ Already on ___

Emergency Contact Name(s): _____

Emergency Contact Phone Number(s): _____

Food Allergies or Medical Conditions: _____