# 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 complete this liability/risk waiver for **each participant** attending any Bakers Buzzin' class, event or activity.

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 above 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.

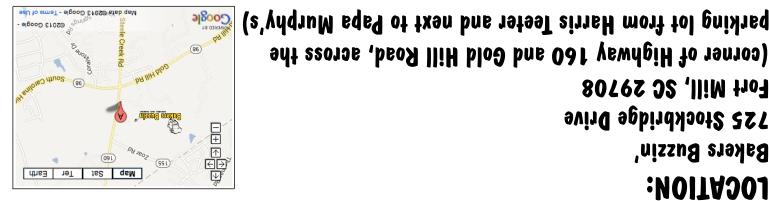
BY SIGNING THIS WAIVER, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ **THE ACKNOWLEDGEMENT OF RISKS, THE RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION, THE SICK CHILD POLICY PHOTO/VIDEO RELEASE** AND **SEVERABILITY AGREEMENT** AND FULLY UNDERSTAND IT CONTENTS.

| Date:                              |  |
|------------------------------------|--|
| Participant/Childs Name:           | Date of Birth:                               |
| Participant/Childs Name:           | Date of Birth:                               |
| Participant/Childs Name:           | Date of Birth:                               |
| Parent or Guardian Name:           |  |
|                                    |  |
| Address:                           |  |
| City, State, Zip Code:             |  |
|                                    | Join our eMail Newsletter? Yes No Already On |
| Emergency Contact Name(s):         |  |
| Emergency Contact Phone Number(s): |  |
| Known Food Allergies:              |  |



# **!ysbdtri8** Let's cook up some fun for

| <u></u> | RSVP:          |
|---------|----------------|
|         | ME, BE WAKING: |
|         | TIME:          |
|         | DATE:          |



# HERE'S WHAT YOU NEED TO KNOW:

Fort Mill, SC 29708

Bakers Buzzin'

**LOCATION:** 

725 Stockbridge Drive

(corner of Highway 160 and Gold Hill Road, across the

- PLEASE ARRIVE ON TIME! Party will start promptly at the time noted above.
- and sanitary reasons. or other open-toed shoes should not be worn and are not permitted at Bakers Buzzin' for safety • CLOSED TOE SHOES ARE REQUIRED! Sneakers/tennis shoes are best. Flip-flops, sandals, crocs
- DRESS COMFORTABLY AND TIE ANY LONG HAIR BACK!! Cooking activities are hands on and
- rytred and ot noy attiviting it with you to the party. • BRING ATTACHED WAIVER FORM! Please fill out the required waiver on the reverse side of this can often be messy (but fun!)
- you have specific food allergy questions or concerns. cook with peanuts, tree nuts or other nut based products. Please call them at (803) 548-7979 if NOTIFY HOST OR BAKERS BUZZIN' OF KNOWN FOOD ALLERGIES! Bakers Buzzin' does not