



Parent/Legal Guardian Agreement & Waiver Form

NOTE: To be completed by parent or legal guardian of any child attending A&S Culinary Concepts Children Cooking Class.

Child's Name:		Age:
Parent/Guardian Name:		
Address:	City:	Zip:
Home Phone:	Cell Phone:	E-mail:
Emergency Contact Name/Relation to Child:		Phone Number:
Alternate Emergency Contact Name/Relation to Child:		Phone Number:
Child's Allergies:		

Agreement & Waiver:

Participants in an A&S Culinary Concepts Children Cooking Class will involve the use of cooking equipment and tools in a busy teaching kitchen environment. It is understood and expressly agreed to by the parent/legal guardian, to release, indemnify and hold harmless A&S Culinary Concepts and its Owners/agents, from any and all liability of any kind for any damage and/or injury incurred in connection with the student's attendance in the class.

It is also understood that as the parent/legal guardian, you accept the risks inherent in the preparation, cooking and eating of food that has been prepared during class. In further consideration of Child being permitted to participate in said Class, Parent/Legal Guardian has executed on behalf of said Child the A&S Culinary Concepts Cooking Class Waiver Form.

Further, you will not send your child/children to class if he/she/they have a fever or diarrhea in the past 24 hours, have an active cough and frequently need to blow their nose.

Parent/Legal Guardian Signature

_____ Date _____

Printed Name: _____

Please return this form as part of your child's registration.