

Sprouting Chefs Registration Form

Name of Participant: \_\_\_\_\_

Age: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address:

Email:

Phone Number: Home -

Cell -

Work -

In case of emergency: (one back up contact required) Please provide name, relationship to participant and all contact phone numbers.

Do you have any food allergies or dietary restrictions? If so, please specify.

Do you give permission for photos to be taken of your child during class time and for these photos to be posted to Facebook or the Sprouting Chefs website?

YES \_\_\_\_\_ NO \_\_\_\_\_

Please sign and and date this from:

\_\_\_\_\_

## WAIVER AND RELEASE OF LIABILITY

**Each person attending a Sprouting Chefs cooking class must have a guardian complete a Liability Waiver and Release Form.**

I, \_\_\_\_\_ fully understand and acknowledge that my child(ren)'s participation is voluntary, that Sprouting Chefs' hands-on cooking classes have inherent risks, dangers and hazards and that my child's participation in such classes may result in injury or illness. Such risks may include, but are not limited to, the risk of physical injury or harm. I further agree to hold harmless Lilian Anderson from any and all claims arising out of any injury to my child(ren) as a result of their participation in these cooking classes.

Please sign and print your name below to release liability. Thank you!

Signature of Guardian:

Printed Name of Guardian:

Child(ren) participating in classes:

Date: