

# Kids Get Cooking Participation Waiver and Release



Child(ren) Name(s): \_\_\_\_\_  
\_\_\_\_\_

**Class Description:** Kids Get Cooking (various ages and themes)

In this class (series) students will learn how to prepare simple, healthy meals and snacks, while developing basic cooking skills and gaining nutritional knowledge. With new menu items, kids will come home feeling energized, knowledgeable, and ready to cook!

**Please read, and if you agree to the statement, please initial each line and sign and date at the bottom of the page.**

## Participation Waiver

Liability Waiver: I give my child permission to participate in this activity, and recognize that this activity could present potential cooking hazards, including but not limited to: cuts, burns, slips falls, allergic reactions, and other injuries as a result of activities, products, and equipment used. I release the instructor, Nanaimo Foodshare Society, its Board, representatives, employees, volunteers, and any sponsors from any and all damages, causes of action, claims, and liability that might arise from my child's participation in this activity.

**Initials of Parent/Guardian:** \_\_\_\_\_

## Food Allergy/Dietary Restriction Waiver

I am aware of the following food allergies and/or dietary restrictions for my child(ren):

Please list : \_\_\_\_\_

**Initials of Parent/Guardian:** \_\_\_\_\_

## Media Release

I consent to and allow any use and reproduction by Nanaimo Foodshare Society of any and all photographs or videotapes taken of my child(ren) during their participation in this activity. I understand that Nanaimo Foodshare Society will own the photographs and videotape and the right to use or reproduce such photographs and videotape in any media, as well as the right to edit them or prepare derivative works, for the purposes of promotion, advertising, and public relations.

I hereby consent to this use of my child's name, likeness, or voice, and I agree that such use will not result in any liability for payment to any person or organization, including myself.

**Initials of Parent/Guardian:** \_\_\_\_\_

## Pick up / Drop Off

My child(ren) have permission to be picked up and dropped off by the following people over these 4 weeks:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMERGENCY CONTACT:  
NUMBER:**

\_\_\_\_\_  
Name of parent/guardian (please print)