



Young Chefs Waiver

ACKNOWLEDGEMENT OF LIABILITY/RISKS WAIVER FOR MINORS

Please read, print and fill out this waiver, and send it with your child.
Fill out one form for each child attending a Young Chef class or camp.

The Student is here to attend a Young Chefs cooking class or series of cooking classes (the "Class") and as a student of The Seasoned Chef Cooking School (TSCCS), will receive instruction on safe class procedures and the dangers of cooking. The Student understands and agrees that cooking may be a dangerous activity with hazards such as sharp knives, other sharp instruments, boiling water, other boiling liquids, hot ovens, hot burners, hot pans and hot pizza stones. Danger from other students may also exist as may dangers inherent in traveling around the Class. The Student will make known to the instructor any food allergies and takes sole responsibility for the management of such allergies. The Student will carefully listen to all instructions from TSCCS regarding these and other hazards and agrees to abide by all Class rules for the safety of the Student and others. The Student is solely responsible for the Student's own safety in the Class and if injury should occur, the Student is solely responsible for obtaining and paying for medical care for such injury.

Release:

The Parent or Guardian, by signing this Release, fully assumes all risk of property damage and personal injury in connection with the Student's participation in the Class, and the Student hereby fully and forever releases TSCCS, its employees, officers, directors and agents, from any and all claims, actions, causes of actions, damages, demands, obligations, expenses (including with limitation costs of investigation and reasonable attorneys' fees) which the Student may now have or which the Student may have in the future arising out of the Student's participation in the Class. The Parent or Guardian and Student have both carefully read this Release and fully understand its contents. The Parent or Guardian is aware that this is a release of liability and a contract between the Student and TSCCS and signs this Release of their own free will.



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Child's name:

Please list clearly any food allergies, if any, that your child may have:

Parent or Guardian's signature:

Date:

THANK YOU!