



Please check the box that applies:

- I agree to have my child's cooking class pictures used for Children's Culinary Institute promotion on social media, print media, and national websites.
- I agree to having my child's photo/videos used if their face does not appear.
- Please do not use any part of my child in pictures for CCI photo/video posts or websites.

PHOTO/VIDEO RELEASE FORM

I, _____ (please print)
grant permission to Children's Culinary Institute locations and its agents and affiliates (known as CCI) the irrevocable and unrestricted right to reproduce the photographs and /or video images taken of me, members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release CCI and its legal representatives for all claims and liability relating to said images or video. Furthermore, I grant permission to use my statements that were given during an interview or guest lecture, with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation. I acknowledge that I am over 18 or the legal guardian .

Signature _____

Contact Info _____

One per family

Family LAST name: _____

Registration Information:

Please write clearly so the information can be read quickly in case of an emergency

Student Name: 1) _____

2) _____

3) _____

4) _____

Parent's Name(s) _____

Emergency Contact Information:

Cell 1: _____ Name: _____

Cell 2: _____ Name: _____

Home Number: _____

Email: _____

Other: _____

Additional Emergency Contact:

Cell: _____ Name: _____

Relationship to Student(s): _____

Allergies

Please list all allergies. It is part of our teaching method to involve tasting food in each of our classes. We take allergies seriously, however we cannot guarantee an allergy free kitchen due to the multi use functionality of the workspace. Please take this into consideration when deciding if these classes are a fit for your child.

Name: _____

Allergy: _____

Name: _____

Allergy: _____

Name: _____

Allergy: _____



Hold Harmless Waiver

Hold Harmless Agreement, Waiver and Release

In consideration of being permitted by Children's Culinary Institute (known hereafter as CCI) and its affiliates to participate in a private cooking class, I hereby waive, release and discharge any and all claims for damages or personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in said activity. This release is intended to discharge, in advance, CCI, its officers, directors, members and managers, and all other members of its cooking school staff whether contracted or employed, from or against any and all liability arising out of or connected to in any way with any participation in said activity.

I understand that the activity that I am participating in may be of a hazardous nature and/or include physical and/or strenuous activity, that serious accidents occasionally occur during the said activity; and that participants in the said activity can occasionally sustain personal injuries as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless CCI, its officers, directors, members and managers, and all other members of its cooking school staff whether contracted or employed, who might otherwise be liable to me. I further understand and agree that this waiver, release and assumption of risks is to be binding on my heirs and assigns.

By signing this waiver, I acknowledge that I have carefully read this Hold Harmless Agreement, Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and CCI and any staff member of cooking class whether contracted, affiliated, or employed.

Student(s) Name(s)

Printed Name: _____ Date: _____

Signature: _____