

# waiver of liability and release of stefania balducci cooking classes

Please read the following carefully. If you have any questions, please have them answered before signing this document. A waiver needs to be completed for each participant.

## **PARTICIPATION WAIVER**

In consideration of being permitted to participate in Pasta al Pesto's cooking classes and demonstrations, I, \_\_\_\_\_, in full recognition and appreciation of the dangers and risks inherent in such activities related to preparing food and working with tools and appliances, do hereby waive, release, and forever discharge Pasta al Pesto, its instructors, officers, agents, employees and volunteers, as well as Stefania Balducci from and against any and all claims, demands, action or causes of action for costs, expenses or damages to personal property or personal injury, or death, which may result from my participation or child's participation in these activities.

I understand and admit that my participation or child's participation in Pasta al Pesto's cooking classes and demonstrations is voluntary. I assume full responsibility for any injuries or damages resulting from my participation or child's participation in this program including responsibility for using reasonable judgment in all phases of participation of the program and travel to and from the cooking location. I recognize and understand that the activities may be hazardous, that my participation or child's participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages.

I affirm that I am in good health. I further declare that I am physically fit and capable to participate in such activities. I acknowledge that it is the recommendation of Pasta al Pesto, that I obtain general medical/health insurance if I am not already covered. I understand that it is my responsibility to notify the appropriate person in the workplace or event host(s) of emergency medical information. I also understand that this Waiver of Liability and Release binds my heirs, executors, administrators, and assigns as well as myself.

Initials of Participant/Parent: \_\_\_\_\_

## **FOOD ALLERGY/DIETARY RESTRICTION WAIVER**

I have informed the instructor, officer, agents, employees, and volunteers of ANY food allergies/or dietary restrictions for myself or my child.

Initials of Participant/Parent: \_\_\_\_\_

## **EMERGENCY CONTACTS**

In the event of an emergency, please contact

1st Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2nd Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**I acknowledge that I have thoroughly read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it.**

Printed Name of Participant/Parent: \_\_\_\_\_

Signature of Participant/Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Initials of Participant/Parent: \_\_\_\_\_