

Kids Cooking Class Registration & Waiver Form

Date of Class: _____

Participant Information

Child's Name: _____

Date of Birth: _____

Child's Name: _____

Date of Birth: _____

Child's Name: _____

Date of Birth: _____

Parent/Guardian Contact

Name: _____

Phone Number: _____

Email Address: _____

Medical Information

Does your child have any food allergies, intolerances, or dietary restrictions?

Yes No

If yes, please list in detail:

(Note: We will do our best to accommodate allergies in our class, but cannot guarantee an allergen-free kitchen).

Does your child have any medical conditions, physical limitations, or other special needs?

Yes No

If yes, please explain:

Photo/Video Release

- I grant permission for my child's photo or video to be taken during the class (faces shown) and used for promotional purposes (website and/or social media).
- I grant permission for my child's photo or video to be taken during the class (no faces shown) and used for promotional purposes (website and/or social media).
- I do not grant permission for my child's photo or video to be taken during the class.

Liability Waiver and Assumption of Risk

I, the undersigned parent or legal guardian, understand that participation in a cooking class involves the use of kitchen tools (e.g., knives, peelers, stoves, ovens), equipment, and handling of food. I acknowledge and accept that there are inherent risks, including but not limited to minor cuts, burns, allergic reactions, or other injuries. I understand that Mitra Weissman will take reasonable precautions for food safety and class safety, but cannot guarantee the prevention of allergic reactions, accidents, or injuries.

I voluntarily assume all risks related to my child's participation and hereby release, waive, and discharge Mitra Weissman, venue staff, and affiliates from all liability, claims, demands, or causes of action arising from injury, illness, or property damage that may occur during the class.

Medical Treatment Authorization

In the event of a medical emergency and if I cannot be reached, I authorize Mitra Weissman and any assisting staff to seek emergency medical treatment for my child. I understand that I am responsible for all medical costs incurred as a result of such treatment.

Acknowledgment & Consent

I have read and understood this waiver and that all information provided is accurate and complete. I understand this waiver will apply to all class sessions my child attends.

Parent/Guardian Signature: _____

Date: _____