

Budding Chefs Registration Form

Name Participant: _____ Age: _____

Name Parent/Guardian: _____

Address: _____ City, State _____

Email: _____

Phone Number:

Home _____ Cell _____ Bus _____

In case of emergency: (additional contact required)

Name: _____ Home/Cell: _____

Relationship to participant _____

Do you have any food allergies or dietary restrictions? If so, please specify (ie: peanut, gluten, lactose, eggs, others that apply).

Do you give permission for photos to be taken of your child during class time and for these photos to be posted to Facebook or the Budding Chefs/Live in Balance Consulting website?

YES _____ NO _____

Please sign and and date this from:

Parent/Guardian _____ Date _____

WAIVER AND RELEASE OF LIABILITY

Each person attending a Budding Chefs/Live in Balance Consulting cooking class must have a guardian complete a Liability Waiver and Release Form.

I, _____ fully understand and acknowledge that my child(ren)'s participation is voluntary, that Budding Chefs' hands-on cooking classes have inherent risks, dangers and hazards and that my child's participation in such classes may result in injury or illness. Such risks may include, but are not limited to, the risk of physical injury or harm. I further agree to hold harmless Monica Gobba from any and all claims arising out of any injury to my child(ren) as a result of their participation in these cooking classes.

Please sign and print your name below to release liability. Thank you!

Signature of Guardian:

Printed Name of Guardian:

Child(ren) participating in classes:

1. _____

2. _____

3. _____

Date: _____

