

Open Kitchen Parent/Legal Guardian Agreement & Waiver Form

NOTE: To be completed by parent or legal guardian of any child attending Open Kitchen Children Cooking Class. This Agreement and Waiver is good for 1 year from the date of signature below.

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|---|-------------|---------------|
| Child's Name: | | Age: |
| Child's Name: | | Age: |
| Child's Name: | | Age: |
| Parent/Guardian Name: | | |
| Address: | City: | Zip: |
| Home Phone: | Cell Phone: | E-mail: |
| Emergency Contact Name/Relation to Child: | | Phone Number: |
| Alternate Emergency Contact Name/Relation to Child: | | Phone Number: |
| Child's Allergies: | | |

Agreement & Waiver:

Participants in an Open Kitchen Children Cooking Class will involve the use of cooking equipment and tools in a busy teaching kitchen environment. It is understood and expressly agreed to by the parent/legal guardian, to release, indemnify and hold harmless Open Kitchen and its Owners/agents, from any and all liability of any kind for any damage and/or injury incurred in connection with the student's attendance in the class.

It is also understood that as the parent/legal guardian, you accept the risks inherent in the preparation, cooking and eating of food that has been prepared during class.

Further, you will not send your child/children to class if he/she/they have a fever or diarrhea in the past 24 hours, have an active cough and frequently need to blow their nose.

Parent/Legal Guardian Signature

_____ Date _____

Please return this form as part of your child's registration via email to classes@openkitchen-dcmetro.com or faxing to 703-942-8736