

**Liability/Risks Waiver
Acknowledgement, Assumption of Risks and Waiver of Claims**

Please read carefully before signing. This document includes a release of liability and waiver of certain legal rights.

A form must be filled out for each individual attending a cooking class.

In consideration for me, _____ being permitted to participate in a cooking class with **In the Kitchens LLC**,
I _____, self agree to the following provisions:

Acknowledgement of Risks

I understand there are numerous inherent risks associated with participating in any cooking activities, including but not limited to using sharp knives, operating hot stoves, boiling water, hot oil, ovens, and operating kitchen equipment. I agree to participate in all cooking activities, including those described above. Due to the use of various ingredients and kitchens used by participants, In the Kitchens LLC, is unable to guarantee an allergy free environment. If you need medical treatment when exposed to allergens, you must notify in writing In the Kitchens, LLC or have an adult representative with legal powers to address your medical needs on premises during the cooking class. I acknowledge and assume the risks involved in these cooking activities and for any damage, illness and injuries resulting from such risks. I acknowledge there are no physical, emotional or mental problems or limitations associated with my participation in cooking class activities which place me, other participants, In the Kitchens, LLC agents, employees, owners, volunteers or host location/facility staff/members at risk of pain, injury or death.

Release, Waiver of Liability and Indemnification

I hereby release and waive any claim or prospective claim of liability against In the Kitchens LLC, its owners, their employees and agents, with respect to any injuries, illness, damage or death occurring to me while participating in any and all class activities. In the event of any lawsuit, the parties agree to submit any dispute for resolution by arbitration through the Clark County Court System and any award rendered, if any, shall be final and conclusive to the parties. I also understand that this Waiver of Liability and Release binds my heirs, executors, administrators, and assigns as well as myself.

Signature _____ Date _____

Media Release

I consent to and allow any use and reproduction by In the Kitchens LLC of any and all photographs or videotapes taken of me during participation in this activity. I understand that In the Kitchens LLC will own the photographs and videotape and the right to use or reproduce such photographs and videotape in any media, as well as the right to edit them or prepare derivative works, for the purposes of promotion, advertising, and public relations. I hereby consent to this use of my, likeness, or voice, and I agree that such use will not result in any liability for payment to any person or organization, including myself.

____ I agree

____ I disagree, and do not give consent for myself to be photographed or videotaped at any point during these activities.

Initials of Participant _____

In the Kitchens LLC – Cooking Classes

Emergency Contact Form

This form is a vital part of your registration. Please read and fill out accordingly.
You *must* fill one out for each person attending.

Participant's Name: _____

Dates attending: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Birthdate: _____

EMERGENCY CONTACTS:

Name: _____

Phone: _____

Name: _____

Phone: _____

IMPORTANT MEDICAL INFORMATION:

ALLERGIES:

Print Name: _____

Signature _____ Date _____