The Kitchen Classroom Participation Waiver and Medical Release

I _____ parent of _____ give my permission for my son/daughter to participate in the program provided by The Kitchen Classroom and/or Magical Steps. In consideration of receiving cooking and baking instruction, including special classes, hereby release and forever discharge The Kitchen Classroom and/or Magical Steps and all instructors and their assistants, agents and/or employees and their families, of any and all claims for damage or damages of any kind, nature or description; more particularly which may grow out of receiving cooking and baking instruction or participation. I further release, defend, and indemnify The Kitchen Classroom and/or Magical Steps and all other instructors and their assistants, agents facility all instructors and all people associated/affiliated with the facility from any claims or liability for damages from or in any way arising out of participation in this program. I also give permission to include my child's image on video/pictures as he / she participates in class. In case of injury, accident, or other emergency. I hereby authorize the instructor to secure medical care as deemed reasonable and/or necessary as a result of accident or injury to the participant. I further agree to pay any costs incurred as a result of such treatment. The parents further understand that participation in this program is undertaken by the student at the students own risk and that The Kitchen Classroom and/or Magical Steps will not be held responsible for any personal injuries or losses of the student while attending or participating in any class. The Kitchen Classroom and/or Magical Steps and all other instructors and their assistants, agents will not be held liable for any claims, demands, expenses, injuries, damages, actions or cause of actions arising from acts of active or passive negligence in part of the school, its employees or instructors and is released and discharged from all such claims, demands, expenses, injuries, damages, actions or cause of actions.

_____
Parents Name (Print)

_____
Students Name(s) (Print)

_____
Parents Signature   Date

_____
Emergency Phone numbers