

The Kitchen Classroom Student Information Please fill out and return to:

office@mykitchenclassroom.com

Student Name _____ Age _____

Food Allergies _____

Parent Information:
Email _____

Parents First Name: _____

Parents Last Name: _____

Phone #: _____

Cancellation Policy: Due to our need to purchase food in advance of every class, workshop, and camp we are unable to provide refunds once a class is booked. You may receive a kitchen credit toward another class if The Kitchen Classroom is notified 72 hours (3 days) prior to the commencement date/time of your class, or workshop only! (no credits will be given for camps). Please email your change to office@mykitchenclassroom.com No credits will be issued for cancellations received within 72 hours of the commencement of the course. You are also welcome to send someone in your place to attend the class that you've purchased. The Kitchen Classroom reserves the right to cancel a class or program. Registrants will be notified by email and/or phone as far in advance as possible, and will issue a credit or refund if desired. Please review class and menu information carefully. please notify us of any allergies, we cannot be responsible for allergies, food or other sensitivities that may be unique to an individual's medical condition.

Please intial (____) I Have read and agree to the Cancellation policies

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 Signature _____ Date _____