**BIG PAPA’S COUNTRY KITCHEN**

 **Dana “Big Papa” Hillis**

BACKYARD COOKING CLASS

 10:00- 4:00

LOCATION: 2731 2nd Street NE

 Naples, Fl 34120

 PHONE: 239-240-5961 OR 239-340-8635

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY:\_\_\_\_\_

ZIPCODE:\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT IS YOUR COOKER CHOICE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_YEARS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COST: $99.00 PER PERSON LIMITED SPACE AVAILABLE

MAIL FORM AND CHECK TO:

Dana Hillis

2731 2nd Street, NE, Naples, Florida 34120

By my signature to this waiver, I, in my individual capacity, state that I have read, had an opportunity to ask questions about, and I understand the above description of activity and the dangers inherent in such activity. I hereby assume the risk of such activity, and I expressly waive all claims which I or my estate may have for death, injury, and/or damages arising from this activity against Dana L. Hillis d/b/a Big Papa’s Country Kitchen or any individual acting in an official capacity for Big Papa’s Country Kitchen and indemnity, and grant permission to us my picture(s) or my likeness.name in materials that will be used for promotion. I will hold harmless Big Papa’s Country and its agents from any and all such claims regardless of either simple or gross negligence on their part. The waiver shall be interpreted in accordance with the law of Florida.No Refunds.

I acknowledge and hereby certify that I am of legal age and am executing this Waiver of Liability of my own free will. SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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