



Parental Consent and Release for activities held at How Sweet It Is Cake Studio

You must fill out one form for each child(ren) in attendance.

Courtesy disclaimer - let's not make it awkward for the party host (or you!)...

We understand that sometimes a guest may have family members or friends who would like to participate in the decorating class, but we don't like upsetting people (especially kiddos!) when they can't join in. Please note the party host has paid for a specific number of guests on their list, and all materials are provided for said number of guests, including seating which is limited to 18 decorators. If you bring a kiddo who is not on the list, we will not have materials prepared for them to participate, and sharing is not allowed. Guests who are not on the original guest list will require notification to the Studio by the party host 3 days before the party date to confirm space availability and ensure materials and certificates are prepared for the additional guest(s).

Class Name or Party Host Name (Who's Party is it?): _____

Participating Child(ren)

First Name: _____ Last Name: _____ Age: _____

First Name: _____ Last Name: _____ Age: _____

First Name: _____ Last Name: _____ Age: _____

First Name: _____ Last Name: _____ Age: _____

First Name: _____ Last Name: _____ Age: _____

I, the undersigned am the parent/legal guardian of the participating youth ("Child(ren)") named above.

As the parent or legal guardian of the Child(ren), I certify and affirm that I have been completely and thoroughly informed that by attending a decorating party at How Sweet It Is Cake Studio & Dessert Shop LLC ("HSII OR STUDIO"), in Columbus Georgia my child(ren) will participate in certain activities associated with individual or group confectionary decorating classes, party and other group confectionary decorating activities, special holiday events, and other activities associated with participating in the child(ren)ren and youth classes at HSII ("Class OR Classes"). I understand that the Classes may be the same or similar to other classes or parties or they may vary depending upon the judgment of the party host or instructor at HSII. I do not need to be informed of each step of the Class or activity as I have a sufficient understanding of their general structure.

I desire and do consent for my child(ren) to participate in the Class or Classes at HSII. I acknowledge and understand that this PARENTAL CONSENT AND RELEASE FOR ACTIVITIES HELD AT HOW SWEET IT IS CAKE STUDIO has the same force and effect regardless of whether the classes engaged are free or a fee is charged. I acknowledge this consent is valid until midnight on the scheduled class or party date, and that I must sign a new consent for each class.

Further, I personally assume, on my child(ren)'s behalf, all risk in connection with said Class for any harm, injury, or damages that may befall my child(ren) as a result of my child(ren)'s participation in the Class, whether foreseen or unforeseen, and I still wish to allow my child(ren) to proceed with the Class.

In consideration of my child(ren) being allowed to participate in the Class and to use the Studio equipment and facilities, on behalf of my child(ren), and as to myself as parent and legal guardian, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless HSII, the corporation, its, officers, directors, employees, volunteers, agents, and contractors from any and all claims, demands, or causes of action, which are in any way connected with my child(ren)'s participation in the class or use of the Studio equipment and facilities.

In cases of emergency, I further consent to the examination or treatment of my child(ren) by a physician duly licensed to practice medicine in the State of GA or any health care professional duly licensed to provide health care services in the State of GA for medical care and services deemed necessary by HSII, its agents, servants, volunteers, and employees. In the event that it is not possible to acquire the services of a physician or health care provider to diagnose and treat my child(ren) based upon the existing circumstances, I also consent to the employees, volunteers, and agents of the Studio to use their best judgment, as "Good Samaritans," to provide medical assistance until a physician or health care provider can be obtained.

I give permission to the Doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I understand that it is my obligation to inform the management of HSII of any and all health considerations or medical conditions that would affect or restrict my child(ren)'s participation in the Classes at HSII. I will not allow my child(ren) to participate in any specific class at HSII which I know or should know would jeopardize my child(ren)'s health or safety based upon my child(ren)'s then-existing medical or health condition or that would subject other child(ren) or youth at the Studio to disease or illness.

Should the need for medical attention arise, the Studio will attempt to contact you, as soon as practicable under the circumstances.

Do you or your child(ren) have any allergies? **Please circle one: Yes No**

If yes, please list the allergy and who is allergic to it (i.e. Parent Name – Peanuts, Child(ren) Name – Eggs):

Our classroom is located on the 2nd floor. Do you or your child(ren) have any physical limitations that would prevent you or them from climbing the stairs to the classroom? **Please circle one: Yes No**

If yes, please let us know what accommodation you will require. We will do our best to make it happen.

I consent to the publication of any and all photos of myself and my child(ren) being taken during the course of the event for class marketing and advertising purposes in print and or online by HSII and I understand there will be no compensation for such usage.

Please circle one: I consent I DO NOT Consent We will block/blur my child(ren) or my face in any photos

By signing this document, I acknowledge that closed-circuit security cameras are recording at all times. I acknowledge that if anyone is hurt or property is damaged during my child(ren)'s participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against the Studio on the basis of any claim from which I have released them herein.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I have fully informed myself of the contents of this PARENTAL CONSENT AND RELEASE FOR ACTIVITIES HELD AT HOW SWEET IT IS CAKE STUDIO by reading it before I signed it. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

Name of Parent/Legal Guardian: _____
First Name Last Name

Address: _____
Street Address City State / Province Postal / Zip

Parent/Guardian Phone Number: (_____) _____
Area Code Phone Number

Signature of Parent/Legal Guardian: _____

Date: _____