

Junior Chefs Cooking Class

Your child's name : _____

Parent's name: _____

Parent e-mail address: _____

Parent phone number: _____

We ask that you disclose any known food allergies and/or dietary restrictions to ensure the safety of your child.

_____ My child has NO KNOWN food allergies and/or restrictions.

_____ My child's KNOWN food allergies and/or restrictions include

Consent Form, Assumption of Risk, Waiver and Release

It is recommended that children with severe food allergies do not participate in this class. While accommodations will be made on some occasion, it is not guaranteed that food substitutions can be made for every class.

_____ (Name of Student) will have the opportunity to use kitchen utensils and equipment during our cooking class. Students will learn about appropriate and safe operation of appliances as well as food safety under adult supervision. Although every precaution will be taken to ensure the safety of the students, a certain risk is involved due to the nature of the experience, the age of the student and the learning environment.

I understand that my child may be exposed to a variety of foods. I understand that my child will be working with cooking tools and appliances under adult supervision. I understand the nature of the proposed activities and hereby assume any and all risks associated with those activities. By signing below, I release any claims, damages and liabilities arising from or related to my child's participation in Ms. Michelle Nainani's cooking class at Agape Homeschool Co-op.

X _____
Signature

Date: _____

