Caitlin’s Cuisine Kids Cooking Waiver



Parents/Guardians please fill out the following information.

If your child has any allergies or food they can or should not eat please let me know as they will be tasting and cooking a variety of foods through the program. Caitlin’s Cuisine will not take responsibility for any allergic reactions or reactions to food consumed during the program.

Doctors Name and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that my child will be exposed to a variety of foods. I understand my child will be working with cooking tools and appliances with supervision. I understand the nature of the proposed activities and hereby assume any and all risks associated with those activities. My child has my permission to participate in Caitlin’s Cuisine Kids Cooking program and I agree to release and hold harmless Caitlin Verdier and Caitlin’s Cuisine from any and all claims or liability related to any accident that may arise as a result of my and/or my child’s participation in this program.

PHOTOGRAPHIC RELEASE: I grant to Caitlin’s Cuisine, its representatives and employees the right to take photographs of me and/or my child in connection with cooking classes. I authorize Caitlin’s Cuisine its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Caitlin’s Cuisine may use such photographs of me/my child with or without my or my child’s name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_