



Registration, Waiver and Release Form

Participant Information:

First Name: _____ Last Name: _____

DOB: _____ Age: _____

Current School Year and Grade: _____

Medical/Learning Concerns: _____

If under 18, Parent/Legal Guardian's Name: _____

Cell #: _____ Home #: _____

Email: _____

Address: _____

Emergency Contact Name and Number: _____

Please read Culinary Dreams, Inc. guidelines and policies before signing consent of participation and waiver release statement. If participant is under 18, the below must be filled out by a parent or legal guardian.

I have read and understand Culinary Dreams, Inc. guidelines and policies. I understand that I (or my child/teen) will be exposed to a variety of foods and will be working with cooking tools and equipment with supervision. Participation in a Culinary Dreams, Inc. class/party/camp/event may involve participant use of cooking equipment and tools in a busy kitchen environment. I understand the nature of the proposed activities and assume any and all risks associated with those activities. By signing below, I hereby release Culinary Dreams, Inc., and all its staff and volunteers from all claims, damages, injuries, demands, losses, actions, suits, or proceedings rising out of the participation in any class/party/camp/event offered in its facility or at any location where a Culinary Dreams, Inc. program is being held and understand and accept the risks inherent in the preparation, cooking, and eating of food with other people. I also further authorize CDI personnel, in their discretion, to use, distribute, and publish any and all photographs of myself (or my child/teen) on behalf of Culinary Dreams, Inc.

Signature of Participant or Parent/Legal Guardian: _____

Please, print name: _____ Date: _____

For Culinary Dreams Use.

___ Explorations (3 ½ -5 yrs.)

___ Discoveries 1 (K-2nd)

___ Discoveries 2 (3rd-5th)

___ Adventures (6th-9th)

___ Journeys (10th grade-Adult)

___ Pursuits (3rd-9th)