



PARTICIPANT WAIVER

Kidz Can Cook is a hands-on school that teaches your child how to prepare and enjoy healthy recipes in a fun, safe, and inviting atmosphere. We are located at 7242 W. Touhy Ave., Chicago, Illinois, 60631. We look forward to cooking with your child and/or hosting a party for your child as the celebrant or attendee.

To ensure the health and safety of all participants, all Parents or Guardians must complete this Participation Waiver at least one (1) week in advance of attending a Kidz Can Cook party, class, or event. This is to ensure health and safety of participants. All known allergies must be known prior to shopping for party ingredients. Failure to do so may result in cancellation of your party.

Child's Name _____ Age _____ Date of Birth _____

Parent's Name _____ Phone # _____

Email address _____

If your child is attending a party please indicate name of celebrant _____

Does your child have a food allergy, food intolerance, or dietary restrictions? () No () Yes

If you answered "Yes" above, Please specify _____

*****Note: if your child has anaphylactic allergic reactions we request that s/he bring EpiPen or AnaKit**

Does your child have any other medical conditions or require any medications that might impact their participation in the Kidz Can Cook Cooking Classes? () No () Yes

If you answered "Yes" above, Please specify _____

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 proposed activities and hereby assume any and all risks associated with those activities. My child has my permission to participate in Kidz Can Cook. By signing below, I release any claims, damages, and liabilities arising from or related to my child's participation in this school.

From time to time we take photographs or class videos to share with parents or to promote our programs.

May we photograph your child? () Yes () No

Can photo be used in marketing? () Yes () No

Parent Signature _____ Date _____

In case of an emergency please contact _____

Phone number of contact _____ Relationship _____

Please note all information will be kept confidential.

Please return completed waiver to info@kidzcancook.com.

We look forward to cooking with your Budding Chefs, Growing Gourmets, and Junior Chefs!