

Leaning Ladder Birthday Party Wavier

Reach out with questions or concerns to: Joanna at leaningladderoliveoilsales@gmail.com or 678-401-2609

Child Name: _____ Date of Birth: _____

Parent / Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (cell): _____ work / other: _____

Email: _____

Photo Release / Waiver

PROGRAM: The minor Participant ("Participant") will participate in the following activity or activities at Leaning Ladder: Children's Cooking Camps and Cooking Parties / Classes (the "Programs")

Child's Name: _____ Age: _____

ALLERGY AND OTHER INFORMATION: Please describe any allergies or food sensitivities your child has. If your child has no allergies, type or write "None" _____

By signing this Assumption of Risk, Release of Liability and Waiver, I represent that it is my desire and intent that the child identified above (my Child) participate in the Programs of Leaning Ladder.

I represent that I have the authority to enter into this agreement on behalf of my Child as the Child's parent or legal guardian.

I acknowledge that the participation of my Child in the cooking classes, which includes participating in activities related to preparing and eating food, involves known and unknown risks, including the risk of physical injury, death and other damage.

On behalf of my Child, I expressly and voluntarily assume any and all risks associated with participation in the cooking class(es) / programs and eating the food prepared there.

I understand that there are risks inherent in cooking and eating the food prepared, including but not limited to, slips, falls, cuts, burns, choking, food allergy reactions and other accidents and injuries that may arise from the activity of cooking and eating the food prepared in class. In consideration of my Child being permitted to attend and participate in the cooking class(es) and any and all of the activities that are or might be associated with, including permission for their child to leave the Leaning Ladder building with staff to eat lunch or play in adjacent green space under the gazebo.

Leaning Ladder, on my Child's behalf, I release and further agree to indemnify, defend and hold harmless Leaning Ladder and its members, managers, officers, owners, employees, agents, contractors, representatives, volunteers, interns, and insurers, from any and all claims, demands, actions, causes of action, lawsuits, expenses or losses (including attorney fees) whatsoever that could be brought by me, my Child or a third party acting on behalf of my Child or me for acts or

omissions related in any way to, or arising out of, the cooking classes and the preparation of food in that class for consumption.

I do hereby consent and agree that Leaning Ladder and its employees, agents, and partners have the right to take photographs, videotape, or digital recordings of my Child while a class participant, and to use these in any and all media, now or hereafter known. I waive any rights, claims, or interest I may have to control the use of my child's identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording my Child, either for initial or subsequent transmission or playback.

The undersigned acknowledges that the Participant does not have any physical limitations, Allergies/Dietary Restrictions (other than noted above), medical ailments, physical or mental disabilities that would limit or prevent the Participant from participating in the above-mentioned activity. If required, the Participant will obtain a medical examination and clearance.

The undersigned acknowledges that Leaning Ladder reserves the right to limit a child's participation in the Programs for excessive disruption that could cause harm to the other participants or staff.

This Agreement shall be governed and interpreted under Georgia law. I acknowledge that I have read and understand this document, which affects my Child's and my legal rights, and I am signing it on behalf of the Child, as well as his/her heirs and assigns, who will be bound by all of its terms.

Parent/Guardian Signature: _____ **Date:** _____

The below Medical Release only needs to be filled out if the child will be left unattended during the party.

Medical Release

Emergency Medical Release In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to the physician listed on this form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

Physician's Name: _____

Phone: _____

ALLERGY AND OTHER INFORMATION: Please describe any allergies or food sensitivities your child has. If your child has no allergies, type or write **"None"** _____

If your child has other needs, (language, speech or hearing challenges, food allergies, etc) please contact the Leaning Ladder staff at 678-401-2609 prior to the event date.

I authorize Leaning Ladder as agent for the undersigned to consent with respect to said minor, to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and to rendered under general or special supervision of, any medical staff, physician or surgeon. I understand that Leaning Ladder is not responsible for costs incurred for medical care.

I have read, understand and agree to the terms of this EMERGENCY MEDICAL RELEASE.

Parent/Guardian Signature: _____ **Date:** _____

Please Read the Following Health & Safety Material on page 3

Food Allergies: Leaning Ladder is **not peanut/nut free, dairy free or gluten free**; however, if we have a child in program with a peanut or other severe food allergy, we may restrict certain foods from being used for the safety of that child. In order to provide a safe environment for all our participants, we ask the child take a supported role in taking responsibility to be knowledgeable of their allergies and avoid foods containing a harmful ingredient. Proper hand washing techniques strongly encouraged, please note any medications that are used to aide in allergies.

Insurance: We assume that all children are covered by the health and accident insurance policies of their parents, and that this information is indicated on the registration forms. In the case of an emergency, camp staff will contact the guardian immediately.

Illness: To help avoid the spread of illness, children with fever, diarrhea, vomiting or at the start of a cold should not attend a program, event or camp. You must wait until fever, vomiting, or diarrhea has been gone for 24 hours before sending your child back to Leaning Ladder. Upon notification of a sick child during program hours, a parent or guardian must pick up their child immediately. If the parent or guardian cannot be reached, emergency contacts will be called to pick up the child. It is very important that a sick child not remain in the kitchen, both for the well-being of the child and the other children in our programs.

Inclusive Setting: Program activities are diverse and supportive of all youth regardless of their background, race, ethnicity, culture, language, religion, socioeconomic status, gender, ability, or sexual orientation.

Proper Attire: Closed-toe, non-slip shoes are a must (sneakers work fine). Clothes may get dirty. We ask that all children limit jewelry and no perfume. Long hair should be secured / tied back. No hats.

Knife Safety & Learning Accommodations: All students leave our programs with basic knife skills including chopping, slicing, dicing, safe handling, and other kitchen safety. Parents will be required to let us know before the start of the first class if they think their child will be able to safely handle a knife and follow the directions given, or any other accommodations that should be considered.