JEREMIAH'S Catering & Cooking Studio

44 N. Beverwyck Road, Lake Hiawatha N.J. 973.334.2004 Store 973.801.2010 Cell www.jeremiahscatering.com CATERING & COOKING STUDIO 7 days a week by appointment

Consent Form for ADULTS (BRING WITH YOU TO CLASS)

You are agreeing to participate in a cooking class held at Jeremiah's Cooking Studio that will involve preparing and tasting recipes, as well as using common kitchen equipment.

-Classes are designed for the anticipated skill levels. Please note that some of the class will be demonstration and some will be hands on preparation under direct supervision of culinary team members: Some preparations and equipment you will be using are: Mixing, measuring, stirring, Cutting/Chopping, Using a stove top and/or oven, Using electric equipment such as food processors, mixers, and blenders

- RULES OF THE KITCHEN: 1. Sanitation is key to a great experience cooking, You should be dressed comfortably but with safety in mind. Flip-flops and open-toed shoes are not permitted in the kitchen. Do not wear loose clothing that could get caught in machinery or equipment. Jewelry should not be worn, but if you choose to it is your choice.
You should wear hair clips or bands for long hair. If you are sick, for the safety of the others please do not participate.
There may also be photographs/videos taken that may be used to illustrate some of the activities Jeremiahs cooking studio offers. Participation in a cooking class automatically includes permission for Jeremiahs to use the photos/videos.

-Alcohol/Liquor policy: I understand that Jeremiahs catering and cooking studio does not serve alcoholic beverages but individuals may bring in their own and serve themselves. I agree that if I decide to drink alcoholic beverages while cooking and on the premise of Jeremiahs, that I am responsible for myself and agree to any consequence of my actions and will hold them free of any legal actions. I also agree that I will not operate a motor vehicle after consuming alcoholic beverages during the cooking class.

IF YOU HAVE, or YOU THINK YOU MAY HAVE, ANY TYPE OF FOOD ALLERGY or SENSITIVITY, it is YOUR responsibility to make that clearly known to the instructor. ANY ALLERGIES

DATE OF CLASS______ BIRTHDAY MONTH_____AGE_____

NAME_

_CONTACT NUMBER__

By accepting these terms and conditions the purchaser, heirs, executors and administrators waive and release any and all claims against Jeremiahs Catering & Cooking Studio, its agents, servants and employees, for any personal injury sustained out of participation in any classes or on the premises of Jeremiahs Catering Cooking Studio. I certify that my child is in good health and I understand that participation in classes involves some physical execution. I agree to provide medical insurance for myself. If an emergency contact cannot be reached I give permission to the staff or Jeremiahs Catering & Cooking Studio to render aid or to act in my behalf to obtain emergency medical treatment for this student for any illness or injury that may occur while attending classes or on the premises. I understand all registration fees are non-refundable. I understand that Jeremiahs Catering & Cooking Studio does NOT issue refunds for any reason, including missed classes due to illness, vacation, religious observance or withdrawal. Any missed classes can be made up in another similar class, subject to enrollment and availability. Refunds will not be given for any items purchased at Jeremiahs Catering & Cooking Studio. Jeremiahs Catering & Cooking Studio shall have the right to film, photograph and televise the enrolled student on the premises without any impost payable to the individual or other parties. The person enrolled shall have no right to any of the proceeds of any of the filming, photographs or television of Jeremiahs Catering & Cooking Studio. Like all cooking activities, certain risks and dangers arise, not all of which can be described herein, but may include, without limitation, cuts, scrapes, scratches, puncture wounds, thermal burns, chemical burns, scalds, injuries from using cooking equipment and instruments, eye injuries or irritation, skin irritations, allergic reactions, food poisoning, slips, falls, and choking. I have read the aforementioned risks and I am familiar with the nature of the classes and activities involved in the cooking classes. I understand and appreciate the inherent risks and the types of injuries that may occur as a result of my participation. I assert that my participation in TFK's classes or activities is voluntary and I knowingly assume all risks associated therewith.

I understand that I am ultimately responsible for maintaining the quality of the food I prepare, cook and eat during any class or after any class. I alone am responsible for protecting myself against allergic reactions pertaining to food.

Sign the following information to participate: SIGNATURE: X____