

JEREMIAH'S Catering & Cooking Studio

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

Consent Form for Children under 18 (BRING WITH YOU TO CLASS)

Parent or Guardian, You are allowing your child to participate in a cooking class held at Jeremiahs Cooking Studio that will involve preparing and tasting recipes, as well as using common kitchen equipment.

- Classes are designed for the anticipated skill level of designated ages. Please note that your child may be participating in the following tasks, under direct supervision of culinary team members: Ages 5-10: Mix, measure, stir, use of oven, Light use of stove. Ages 11-17 Cutting/Chopping, Using a stove top and/or oven, Using electric equipment such as food processors, mixers, and blenders

- **RULES OF THE KITCHEN:** 1. NO running, chasing or playing around will be allowed in or on the premise, please explain to your children that it is a kitchen just like home. Knives and other equipment can be dangerous if not used properly. 2. sanitation is key to a great experience cooking. Please make sure that children come in proper clothing, shoes and with hair pulled back. If your child is sick, for the safety of the other children 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 for children. Participation in a cooking class automatically includes permission for Jeremiahs to use the photos/videos.

IF YOUR CHILD HAS, or YOU THINK YOUR CHILD 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 _____ **CHILD BIRTHDAY MONTH** _____ **AGE** _____

PARENT 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 imposit 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. I certify that I the person attending the class based on this purchase has no known food allergies as of the date of this purchase and will notify JCCS of any change in that status. . 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.

Please complete and sign the following information to allow your child to participate:

Parent/Guardian: I _____ have voluntarily agreed to
PRINT

allow

Child's Name: _____ **Age** _____ to participate in this cooking class.

SIGNATURE: X _____