

Liability Release and Medical Authorization

Students Name(s) _____

I certify that I am the parent or guardian with legal custody of the above named child (children) and that I give my permission for the child (children) to participate in baking class as offered by Baker's Dozen Academy LLC.

I understand that these classes involve the use of all types of kitchen utensils and baking equipment which posses the potential to cause injury and there are inherent risks which cannot be eliminated.

I understand that due to the nature of the business that Bakers Dozen Academy is unable to accommodate students with food allergies or dietary restrictions. Parents of children with yet unknown or mild allergies or dietary restrictions who choose to have their child attend baking class assume all liability for any reaction their child may have to handling or consuming any food available at the class.

I understand that parents hosting a baking party are responsible to ensure that all children attending the party do not have any food allergies or dietary restrictions. Parents hosting the party are responsible for all party guests and will be considered as the guardian of any party guests they bring who do not have a separately signed waiver.

In my absence I herby give permission to instructors and staff of Baker's Dozen Academy LLC to seek emergency medical treatment and transportation for my child (children) as deemed necessary. In the event that I or the designated emergency contact cannot be reached in an emergency, I give permission to any physician treating my child (children) to administer treatment for the child.

Individually, and as the parent or guardian of the child (children), I hereby expressly assume all risks associated with the child's (children's) participation in the baking class(es) including all risks associated with the above and any and all associated activities. Despite my understanding of the foregoing risks, I, individually and as the parent or guardian of the child (children), agree not to sue and to release from liability and to defend, indemnify and hold harmless Baker's Dozen LLC and their representatives, owners, employees and agents for any damage or injury arising out of my child's (children's) participation in the class(es) regardless of the cause.

I understand that the foregoing is a Liability release and a Medical Authorization that is legally binding on me, my child, our heirs, assigns and our legal representatives, and further that I sign/submit it of my own free will. I acknowledge on behalf of myself and my child (children) that the foregoing is binding and of legal effect during any classes attended and in perpetuity. By signing below, I certify that I agree to all of the foregoing in perpetuity.

Parent or Guardian Name (printed)

E-mail Address

By providing this email address we are giving authorization for Baker's Dozen Academy to use our email to communicate upcoming future Baker's Dozen Academy programs.

Parent or Guardian Signature

Date