

# Stepping Stone School Summer Cooking Classes

## *Liability Waiver*

Parents or Guardians please fill out the following information; one student per waiver please

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Parent Phone Number \_\_\_\_\_

We will be tasting foods throughout the program and using a variety of food products. Does your child have any allergies or food sensitivities? YES NO

If YES please explain

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***By signing the bottom, I agree to the following terms:***

In consideration of participating in Stepping Stone School's cooking classes, I acknowledge and understand the dangers and risks inherent in such activities related to preparing food, consuming certain foods and working with tools and appliances.

I hereby waive, release, and discharge Stepping Stone School and its instructors, officers, employees and volunteers against any and all claims, demands, action or causes of action for costs, expenses or damages to personal property or personal injury, or death, which may result from my participation or child's participation in these activities.

I assume full responsibility for any injuries or damages resulting from my participation or child's participation in this program including responsibility for using reasonable judgment in all phases of participation of the program.

I acknowledge that my participation or child's participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages.

I understand that it is my responsibility to notify the appropriate person in the workplace or event host(s) of emergency medical information and have informed the instructor of ANY food allergies/or dietary restrictions of my child.

I also understand that this Waiver of Liability and Release binds my heirs, executors, administrators, and assigns as well as myself.

*Media Release*

I consent to and allow any use and reproduction of any and all photographs or videotapes taken of my child during their participation unless I have otherwise notified Stepping Stone School.

I agree to their right to use or reproduce such photographs and videotape in any media including Facebook or the website. If I do not wish to have photographs used or taken, I will notify Stepping Stone School in writing *prior to class*.

**Please sign and date below:**

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**Signature** **Date**

Stepping Stone School  
5113 Timber Creek Drive  
Tyler, Texas, 75703  
903-566-1851