**Chef Lamona Liability Waiver**

**In consideration of participating in Chef LaMona cooking class (Chef LaMona, LLC), 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 Chef LaMona and Chef LaMona, LLC, 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 in these activities.**

**This release is intended to discharge, in advance, The Chef LaMona Classroom, its**

**officers, directors, members and managers, and all other members of its cooking school**

**staff whether contracted or employed, from and against any and all liability arising out**

**of or connected to in any way with any participation in this activity.**

**I understand that the activity that I am participating in may be of a hazardous nature and/or include physical and/or strenuous activity, that serious accidents occasionally occur during this activity; and that participants in this activity can occasionally sustain personal injuries consequently thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in this activity, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless Chef LaMona Classroom, its officers, directors, members and managers, and all other members of its cooking school staff whether contracted or employed, who might otherwise be liable to me. I further understand and agree that this waiver, release and assumption of risks is to be binding on my heirs and assigns.**

**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 for myself.**

***Media Release***

**I hereby grant Chef LaMona Classroom all rights and consent to copyright, use, re‐use, publish or re‐publish, copy, exhibit or distribute all photographs and/or video of myself to be used for Chef LaMona Classroom website, social media, and any educational, training or promotional electronic or printed material without restriction as to frequency or duration of usage and without compensation. By signing this waiver, I acknowledge that I have carefully read this Hold Harmless Agreement, Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Chef LaMona Classroom and any staff member of cooking class whether contracted or employed.**

**If printing, please sign and date below:**

**Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Provide This Information: Does the participant have any food allergies? Y / N**

**If yes, please list all food allergies?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Food sensitivities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anything else that would require additional support from us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In the event of an emergency, please contact the following person(s) in the order presented:**

**Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**