

Cooking School @ Market Bistro Consent Form

Dear Parent or Guardian,

You are requesting that your child participate in a cooking class held at The Cooking School @ Market Bistro that will involve preparing and tasting recipes, as well as using common kitchen equipment. IF YOUR CHILD HAS, or YOU THINK YOUR CHILD MAY HAVE, ANY TYPE OF FOOD ALLERGY or SENSITIVITY, YOUR CHILD MAY NOT PARTICIPATE IN THE COOKING CLASS.

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 5-8:

Mix, measure, stir

Ages 9-12:

- Cutting/Chopping (with nylon knives)
- Using a stove top and/or oven
- Using electric equipment such as food processors, mixers, and blenders

Ages 13-17

- Cutting/Chopping
- Using a stove top and/or oven
- Using electric equipment such as food processors, mixers, and blenders

There may also be photographs taken that may be used to illustrate some of the activities The Cooking School @ Market Bistro offers for children. Participation in a cooking class automatically includes permission for Market Bistro to use the photos.

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

Parent/Guardian: I _____ have voluntarily agreed to allow
(please print)

Child's Name: _____ Age _____ to participate in this cooking class at
(please print)

The Cooking School @ Market Bistro.

By signing below, I confirm that I am the parent or legal guardian of said child. I represent that my child does not have food allergies or any sensitivity to foods and I willingly assume the risk of any allergic reaction or injury incurred by my child as a result of his/her participation in the Cooking Class, except the risk of injury resulting from the negligence of Market Bistro.

In consideration of the permission granted by Market Bistro to said child to participate in this Cooking Class, and intending to be legally bound hereby, I hereby release and hold harmless Market Bistro/Price Chopper, its subsidiaries, affiliates, divisions and independent retailers and their respective employees and agents from and against any and all claims, actions, damages and liabilities of any kind, including reasonable attorneys fees which I or said child may have at any time hereafter in any arising out of, relating to and/or allegedly caused by participation in the cooking class.

The undersigned acknowledges that he/she has carefully read this Consent Form, knows and understands the contents and effect thereof, and that the signing of this Consent Form is a voluntary act.

Parent or Guardian Signature

Date

CHILDREN'S EMERGENCY CONSENT FORM
Cooking School @ Market Bistro

The undersigned parent/guardian of:

_____, age: _____, in the event that he or she cannot be contacted through reasonable efforts, does hereby empower and grant to The Cooking School @ Market Bistro by Price Chopper, its agents and employees to seek or give medical aid as required in case of an emergency. I do hereby indemnify and hold harmless Market Bistro by Price Chopper, its agents, employees and any physicians, hospital and other persons who act in reliance upon this authorization.

Parent/Guardian's Name: _____
(please print)

Phone number: _____

Parent/Guardian's Signature: _____

Date: _____

Additional designated adult who may be contacted in case of an emergency:

Name: _____
(please print)

Phone: _____