

ANTHONY'S

Cooking Academy for Children



Registration Release and Waiver Form – 2010

Student Information:

Name: _____
Age: _____ M ___ F ___ Birth Date: _____ T-shirt Size: _____
Parent/Guardian Name: _____
Home Phone: _____ Parent Cell Phone: _____
Home Address: _____
City/State/Zip: _____
E-Mail: _____
Emergency Contact (other than parent)
Name: _____
Relationship to Student: _____
Phone Number: _____

Mandatory Medical Contact/Insurance Information:

Doctor's Name: _____
Doctor's Phone: _____
Medical Insurance Company: _____
Medical ID Number: _____

Please describe any special medical, behavioral concerns, allergies, or physical conditions that may affect your child's participation in this class that we should be aware of:

Registration release, waiver form & payment must be received 48 hours prior to class.

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Permission For Medical Treatment:

In the event of any emergency requiring medical attention, I hereby grant permission to a physician or other hospital personnel designated by the staff of the Anthony's Cooking Academy for Children to attend to my son/daughter. I give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I expect that every reasonable effort will be made to contact me in order to receive specific authorization before any treatment or hospitalization is undertaken.

Waiver, Release, Assumption of Risks, Hold Harmless, and Indemnification:

As a condition of our son's/daughter's participation in Anthony's Cooking Academy for Children, both parents have signed to indicate their agreement with the Waiver and Release of Claims, Assumption of Risks, Hold Harmless and Indemnification Agreement attached on the following page.

Parent Consent:

I agree to the conditions set forth or referred to above (including the Waiver and Release of Claims, Assumption of Risks, Hold Harmless and Indemnification agreement referred to above and attached), and therefore consent to my son's/daughter's participation in Anthony's "Best of Season" Cooking Academy for Children.

I acknowledge that I have read, understand, and agree to the terms set forth above.

Parent/Guardian Signature: _____

Date: _____



**WAIVER AND RELEASE OF CLAIMS,
ASSUMPTION OF RISK,
HOLD HARMLESS AND INDEMNIFICATION
REQUIRED FOR ALL PARTICIPANTS IN
ANTHONY'S COOKING ACADEMY FOR CHILDREN**

Name of Child: _____

As a condition of our son's/daughter's participation in **Anthony's Cooking Academy for Children**, we acknowledge, understand and agree as follows

We acknowledge that participating in **Anthony's Cooking Academy for Children** is a totally voluntary activity that involves risks that are inherent in cooking activities in a commercial restaurant kitchen. Risks include, but are not limited to, cuts from knives or other sharp utensils; contact with hot materials, including hot pots and pans, hot foods, hot water, and hot fats, oils, or grease; allergic reactions to materials in or around a kitchen or restaurant; negligence (other than gross negligence) of those organizing, instructing, running, sponsoring, or supervising **Anthony's Cooking Academy for Children**; behavior or negligence of other children who are participating in **Anthony's Cooking Academy for Children**; and other risks, known or unknown.

We understand all of the above-listed risks and agree to assume the risk, responsibility, and any resulting financial obligation if our son of daughter is injured in any way in the course of or related to our son's or daughter's participation in **Anthony's Cooking Academy for Children**.

In consideration of our son's or daughter's being permitted to participate in the **Anthony's Cooking Academy for Children**, we hereby waive, release and discharge from any and all liability for death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to our son or daughter or to us, arising in any way from our son's or daughter's participation in **Anthony's Cooking Academy for Children** the following entities or persons (collectively, the "releasees"): Mad Anthony's, Inc. (d/b/a "Anthony's Restaurants") and its officers, directors, employees, and agents.

We further agree to indemnify and hold the above releasees harmless for any claims that may be made based on any injuries or damage to persons or property alleged to have been caused by our son or daughter during the course of his or her participation in **Anthony's Cooking Academy for Children**, and also to indemnify and hold the above releasees harmless for any claims that may be made against any of the releasees by or on behalf of our minor child in light of his or her current status as a minor.

This **Waiver And Release Of Claims, Assumption Of Risk, Hold Harmless And Indemnification Agreement** shall be construed broadly to provide a release and waiver to the fullest extent permissible under applicable law.

We hereby certify that we have read this Agreement, understand its contents and understand that it includes waivers and releases of claims, and indemnification and hold harmless provisions, and enter into the agreement knowingly and voluntarily.

Printed Name of Parent

Printed Name of Parent

Signature of Parent

Date

Signature of Parent

Date



Participation Guidelines:

1. Students are expected to be **on time** for class to avoid unnecessary interruptions. Parents are required to remain with student until class has begun.
2. Parents are reminded to be on time when picking up child at the end of each class. Our instructors have other commitments and cannot be expected to supervise your child at the end of class in the event of your absence.
3. Acceptable behavior and classroom safety will be outlined clearly on the first day of class. We plan to manage the student's behavior by keeping a full and challenging schedule.
4. In the event that behavior becomes disruptive to others, the parent will be contacted and required to immediately come in and remove the child from class. If your child becomes ill or an illness is detected—we will call the parent immediately to have the child picked up.
5. Severe medical emergencies will handled by calling 911 and notifying the parents. Minor emergencies will be handled by the students under adult supervision.
6. Keep your child home if he/she exhibits any signs of communicable illness: eye infections, sore throat, high fever, vomiting, or is generally not feeling well.
7. We will be using knives, stoves, ovens, and may take photographs during class for marketing or advertising purposes.

Anthony's Cooking Academy for Children—Registration Contact

www.anthonys.com

Questions, please call **Inge** at: 425-455-0732

E-Mail: inge.k@anthonys.com

SEND REGISTRATIONS TO:

P.O. Box 3805

Bellevue, Washington 98009

Fax: 425-455-0649

Anthony's Cooking Academy for Children: 2010 Schedule

(please indicate which classes you would like to attend)

Single Sessions (Fee: \$40.00)

_____ **FEBRUARY 27** – Anthony's HomePort ~ Shilshole Bay in Ballard, 11am - 2pm

_____ **MAY 1** – Anthony's HomePort ~ Kirkland, 11am - 2pm

_____ **OCTOBER 16** – Anthony's HomePort ~ Shilshole Bay in Ballard, 11am - 2pm

_____ **DECEMBER 4** – Anthony's HomePort ~ Kirkland, 11am - 2pm

_____ **DECEMBER 11** – Anthony's HomePort ~ Kirkland, 11am - 2pm

2-Day Summer Sessions (Fee: \$75.00)

_____ **JULY 15 & 16** – Anthony's HomePort ~ Shilshole Bay in Ballard, (11am - 2pm

_____ **JULY 22 & 23** – Anthony's HomePort ~ Kirkland, 11am - 2pm

Anthony's HomePort ~ Kirkland

135 Lake Street South, Kirkland WA 98033
(425) 822-0225

Anthony's HomePort ~ Shilshole Bay

6135 Seaview Ave. W., Seattle WA 98107
(206) 783-0780

PAYMENT INFORMATION

Payment:	\$40.00 - per session \$75.00 - 2-Day Summer session (no refunds upon acceptance to class)
Type of Credit Card:	Visa M/C Amex Discover
Name on Card:	_____
Billing Address:	_____ _____ _____
Card Number:	_____
Expiration Date:	_____ month _____ year
Signature:	_____