



**A COMPLETED WAIVER IS REQUIRED TO PARTICIPATE AT THE
DIERBERGS SCHOOL OF COOKING.**

Child(ren) Name(s): _____

Parent/Guardian Name: _____

Emergency Contact Number: _____

Activity Description: DIERBERGS SCHOOL OF COOKING, BIRTHDAY PARTY COOKING CLASS

PLEASE READ, AND IF YOU AGREE, PLEASE SIGN AND DATE AT THE BOTTOM OF THE PAGE.

ALLERGEN INFORMATION: The following known food allergen ingredients are used on shared equipment in the Dierbergs School of Cooking during the production of various recipes: Eggs, Milk, Fish, Shellfish, Wheat, Soy, Peanuts and Tree Nuts.

Participation Waiver

I give my child permission to participate in this activity and recognize that this activity could present potential cooking hazards, including but not limited to: cuts, burns, slips, falls, allergic reactions, and other injuries as a result of activities, products and equipment used. I release the instructor, Dierbergs Markets, Inc. and its employees, agents, representatives and any related parent and/or subsidiary entities from any and all damages, causes of action, claims, liability, expenses or losses (including attorneys' fees) that might arise from the above named child(ren)'s participation in this activity.

Parent/Guardian Signature: _____

Date: _____