

# Kids Chem Cook - Child Waiver Form

## Agreement for Student Safety in Science, and Cooking & Baking Labs



School Name \_\_\_\_\_ Teacher \_\_\_\_\_

We want this time to be safe, educational, and fun for your children. For any questions, please call/text Michelle at 210-373-3073 or at [kidschemcook@gmail.com](mailto:kidschemcook@gmail.com) or [info@kidschemcook.com](mailto:info@kidschemcook.com).

### PURPOSE

Kids Chem Cook involves hands-on, fun lessons in science with a relatable culinary lesson. Children will be engaged in the program by emphasizing experiential education. However, science and culinary arts may have potential hazards. We will use some equipment that may be dangerous if not handled properly. Safety in the science classroom and in the food lab is an essential part of the learning process. To ensure a safe classroom, a list of rules has been developed and must be followed at all times. Additional safety instructions will be given for each activity. No student will be permitted to participate in this course until the student initials this agreement and signs it by a parent or guardian.

### SAFETY RULES (I will go over in class with students, copy attached)

### CHILD ALLERGIES AND OTHER INFORMATION

If your child has any allergies or food they can't or should not eat please let me know as we will be tasting foods throughout the program and using various food products.

1st Child's Name: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

**ALLERGIES:** Please describe any allergies or food sensitivities your child has. If your child has no allergies, type or write "None" below.

Does your child wear contact lenses? Yes or No

Is your child color blind? Yes or No

2nd Child's Name: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

**ALLERGIES:** Please describe any allergies or food sensitivities your child has. If your child has no allergies, type or write "None" below.

Does your child wear contact lenses? Yes or No

**Is your child color blind?                      Yes or No**

3rd Child's Name: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

**ALLERGIES:** Please describe any allergies or food sensitivities your child has. If your child has no allergies, type or write "None" below.

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**Does your child wear contact lenses?    Yes or No**

**Is your child color blind?                      Yes or No**

**ASSUMPTION OF RISK, RELEASE OF LIABILITY & WAIVER  
KIDS CHEM COOK, LLC PERMISSION TO USE IMAGE**

By signing this Assumption of Risk, Release of Liability, and Waiver, I represent that it is my desire and intent that the child identified above (my Child) participate in the activities of Kids Chem Cook, LLC, specifically including the science and cooking class(es) described above. I also represent that I have the authority to enter into this agreement on behalf of my Child as the Child's parent or legal guardian.

I acknowledge that the participation of my Child in Kids Chem Cook, LLC classes, which includes participating in activities related to performing basic chemistry experiments, and preparing and eating food, involves known & unknown risks, including the risk of physical injury, death, and other damage.

On behalf of my Child, I expressly and voluntarily assume any and all risks associated with participation in Kids Chem Cook, LLC class(es) and eating the food prepared there.

I understand that there are risks inherent in chemistry, cooking, and eating the food prepared, including but not limited to, slips, falls, cuts, burns, choking, chemical or food allergy reactions, and other accidents and injuries that may arise from the activity of chemistry labs, cooking and eating the food prepared in class.

In consideration of my child being permitted to attend and participate in Kids Chem Cook, LLC classes(es) and any and all of the activities that are or might be associated with Kids Chem Cook, LLC on my Child's behalf, I release and further agree to indemnify, defend and hold harmless Kids Chem Cook, LLC, including its members, managers, officers, owners, employees, agents, contractors, representatives, volunteers, interns, and insurers, from any and all claims, demands, actions, causes of action, lawsuits, expenses or losses (including attorney fees) whatsoever that could be brought by me, my Child or a third party activating on behalf of my Child or me for acts or omissions related in any way to, or arising out of, Kids Chem Cook, LLC classes and the performance of science experiments to include the preparation of food in that class for consumption.

**Photo Licensing Agreement**

I understand that any classes, events, or activities of Kids Chem Cook, LLC, my Child may be photographed, filmed, or otherwise have our activities recorded by Kids Chem Cook, LLC, its employees, agents, or contractors. In further consideration for my child being permitted to attend and participate in Kids Chem Cook, LLC, class(es), I agree to allow the voice, image, and likeness of my Child to be recorded and reproduced by photo, video, film, tape or any other media, including any electronic or digital media, and that such content may be used and reproduced for any legitimate purpose by Kids Chem Cook, LLC, or its assigns. I agree that Kids Chem Cook, LLC shall own all copyrights in such content. I hereby waive any and all rights to royalties, commissions, or other

compensation, and any and all rights of publicity or privacy, that my child may have, now or in the future, related to the use or exploitation of such content described above by Kids Chem Cook, LLC.

I hereby authorize the use of photos of my child/children for marketing purposes only.

**Please check the appropriate box: Yes, I agree:**  **No photos:**

I understand that this is the entire agreement between Kids Chem Cook, LLC, their agents or employees, and me and that it cannot be modified or changed in any way by the representations or statements of any employee, agent, volunteer, or intern or Kids Chem Cook, LLC. I agree that this Agreement shall be governed and interpreted under Texas law. I acknowledge that I have read and understood this document, which affects my child's and my legal rights, and I am signing it on behalf of my child who will be bound by all of its terms.

**Payment.** Payment for Summer Classes or Summer Camps is due in full 10 days prior to the beginning of classes.

If the student is unable to attend camp as scheduled and payment has been made in full, refunds will be provided only if cancellations are provided 5 business days in advance from the start of the camp. All other refunds are discretionary and must be discussed with the director of the program. Discretionary events can include but are not limited to illness, death in the family, force of nature, and acts of God, etc.

Missed classes can only be made up during the camp period held that month and must be pre-arranged with the director of the program. Refunds will not be issued for missed classes.

Refunds or financial reimbursement will not be issued if a student is dismissed from the program due to poor disciplinary or behavioral conduct.

By clicking this box, I agree to the above waiver.  **I agree to this waiver.**

## **AGREEMENT**

I, \_\_\_\_\_, have read and understand each of the above  
(student's name)

safety rules set forth in this contract. I agree to follow them to ensure not only my own safety but the safety of others in the science and culinary classrooms. I also agree to follow the general rules of appropriate behavior for a classroom, to avoid accidents, and to provide a safe learning environment for everyone. I understand that if I do not follow all the rules and safety precautions, I will not be allowed to participate in science activities and be removed from the program without financial reimbursement.

\_\_\_\_\_  
Student Initials

\_\_\_\_\_  
Parent Initials

\_\_\_\_\_  
Date

I understand that my child will be exposed to various household products for science and a variety of foods. I understand my child will be working with cooking tools and appliances with supervision. I understand the nature of the proposed activities and hereby assume any and all risks associated with those activities. My child has my permission to participate in Kids Chem Cook, LLC. By signing below I release any claims, damages, and liabilities arising from or related to my child's participation in this camp.

\_\_\_\_\_

Parent/Guardian Signature Date

**PARENT/GUARDIAN**

Parent/Guardian's First Name: \_\_\_\_\_ Parent Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Email \_\_\_\_\_