



## RELEASE FORM

16544 W 78<sup>th</sup> ST Eden Prairie MN 55346

952-949-6799

[www.waycoolcookingschool.com](http://www.waycoolcookingschool.com)

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Please fill out completely and return at the time of the event.

School/Group Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Guest Birth Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Does the party attendee have any food allergies or special needs?

YES  NO

If yes, please explain? \_\_\_\_\_

\_\_\_\_\_  
*I accept full responsibility for my child's use of any and all appliances, cooking tools, and utensils, facility, services, owned and operated by the WAY-COOL Cooking School™, Inc. At my own risk and shall hold the business, its shareholders, directors, officers, employer's representatives and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred by my child resulting there from.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_