



RELEASE FORM

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

Event Name: _____

Participant's Name: _____

Guest Birth Date: _____

Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Does the 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: _____