



Rising Chefs Culinary Centre . Rising Chefs Incorporated . Rising Chefs Franchise Corporation

**MEDICAL/PHYSICAL CONCERNS QUESTIONNAIRE
LIABILITY RELEASE STATEMENT**

THIS FORM MUST BE COMPLETED FOR EVERY CHILD ATTENDING ANY CLASS, CAMP, ACTIVITY OR EVENT

Date _____ Name of Parent/ guardian _____

Name of Child _____ Age _____

Address of parent/ guardian _____

Address of child if different from above _____

Home Phone Number _____ Cell Phone Number _____

Name of person(s) who are authorized to pick-up child from Rising Chefs Culinary Centre

EMERGENCY CONTACT:

Name _____ Phone Number _____

Address _____ Relationship to child _____

All information given will be held in strict confidence.

I understand and acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during any/ and all culinary classes, parties, or camps at Rising Chefs Culinary Centre

Please circle either yes or no for the following questions.

Does child currently or have a history of:

- | | | | |
|----|-----|----|----------------------------------|
| 1) | Yes | No | Allergies |
| 2) | Yes | No | Diabetes or Blood Sugar Problems |
| 3) | Yes | No | Asthma or Respiratory Problems |
| 4) | Yes | No | Epilepsy or Seizures |
| 5) | Yes | No | Other conditions |

Please explain any "yes" answer in detail.

LIABILITY RELEASE STATEMENT

1. AS A PARENT OR GUARDIAN, I UNDERSTAND AND ACKNOWLEDGE THAT:

- A. All hands-on activities and skills taught at Rising Chefs Culinary Centre will be age appropriate and taught under strict culinary instructor supervision at all times. Participation in any cooking class entails unanticipated risks which could result in physical injury to my child to property or to third parties. I acknowledge that such risk cannot be eliminated without jeopardizing the essential qualities of the activity.
- B. Rising Chefs Culinary Centre takes every reasonable precaution to insure that all culinary programs offered and all cooking activities led, run, or organized by Rising Chefs Culinary Centre, are conducted by qualified and trained professional personnel in a safe environment.
- C. I have disclosed all medical conditions and all physical activity concerns on the attached "MEDICAL/PHYSICAL CONCERNS QUESTIONNAIRE". As a parent/guardian of a participant under the age of 18, I agree to provide and allow the release of current and up to date emergency care and health related information.
- D. Rising Chefs Culinary Centre's staff members will not disclose any medical conditions or concerns except as may be required in the case of an emergency.
- E. Rising Chefs Culinary Centre may photograph and/or film my child. If the photo or film is to be used for advertising purposes, in any of our culinary centres, or for our website, Rising Chefs Culinary Centre will provide me with a release form to acquire my consent for use of these images.

2. AS A PARENT OR GUARDIAN, I AGREE:

- A. To hold harmless Rising Chefs Culinary Centre, Rising Chefs Incorporated, Rising Chefs Franchise Corp., and their officers, employees, and agents from any claim, damage, liability, injury, expense or loss, including defense costs and attorney's fees, arising from activities under this agreement.
 - B. To authorize Rising Chefs Culinary Centre to initiate emergency evacuation or treatment in case of serious injury or illness. In case of an emergency, Rising Chefs Culinary Centre will notify the parents, guardians, or emergency contacts of the participant as soon as possible.
- By signing this document, I acknowledge that I have provided medical information accurately and have read and fully understand both pages of this document.

The information I have provided is disclosed accurately and truthfully.

Parent/Guardian's Signature _____ Date _____