



CHILDREN'S ASSUMPTION OF RISK, RELEASE OF LIABILITY AND WAIVER ("CONSENT FORM")

CHECK WITH
SEED CLINIC

Name of Child: _____ Birth Date: _____

Home Address: _____

City/State: _____ Zip Code: _____

Physician's Name: _____

Physician's Telephone Number: _____

Physician's Address: _____

Person to be Notified in Case of Emergency

Name: _____

Relationship to Child: _____

Phone Number: _____ Alternate Phone Number: _____

I represent that it is my desire and intent that the child identified above (my Child) participate in the activities at Coco Café, specifically including baking/cooking class(es). 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 Coco Café's baking/cooking classes, which includes participating in activities related to preparing and eating food, involves known and 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 Coco Café cooking class(es) and eating the food prepared there. I understand that there are risks inherent in cooking and eating the food prepared, including but not limited to, slips, falls, cuts, burns, choking, food allergy reactions and other accidents and injuries that may arise from the activity of cooking and eating the food prepared in class. Furthermore, I understand that Coco Café cannot guarantee that

anything is nut or gluten free. If my Child has any allergies or medical concerns, I understand that it is my responsibility to advise Coco Cafe of the type and severity of my Child's condition prior to registering for the baking/cooking class. Reactions due to food allergies and sensitivities are included as risks associated with baking/cooking classes.

In consideration for my Child being permitted to attend and participate in Coco Café's baking/cooking class(es) and any and all of the activities that are or might be associated with Coco Cafe, on my Child's behalf, I release and further agree to indemnify, defend and hold harmless Coco Cafe, 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 acting on behalf of my Child or me for acts or omissions related in any way to, or arising out of, Coco Café's classes and the preparation of food in that class for consumption.

Media Release

- ☐ By checking this box, I understand that at any classes, events or activities of Coco Cafe my Child may be photographed, filmed or otherwise have our activities recorded by Coco Cafe, its employees, agents or contractors. Additionally, I agree to have photographs taken of my child during class, some of which may be used in print and/or web for advertisement purchases of Coco Cafe. 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 of such content described above by Coco Café.

I understand that this is the entire agreement between Coco Cafe, their independent contractors, agents or employees, and me, and that it cannot be modified or changed in any way by the representations or statements of any employee, independent contractor, agent, volunteer or intern of Coco Cafe. I agree that this Agreement shall be governed and interpreted under Ohio law.

I acknowledge that I have read and understand this document, and by signing this form, I agree to the above waiver.

Parent or Guardian Signature

Date