



The Premier Culinary & Science Academy For Kids
EMERGENCY INFORMATION~WAIVER AND RELEASE OF LIABILITY

CHILD'S NAME(1): _____ DOB: _____ AGE: _____

CHILD'S NAME(2): _____ DOB: _____ AGE: _____

CHILD'S NAME(3): _____ DOB: _____ AGE: _____

ADDRESS: _____ ZIP: _____

SCHOOL(S) ATTENDED: _____ CURRENT GRADE: _____

PARENT(S) NAMES: _____ MAIN CELL PH: () _____ - _____

EMAIL ADDRESS: _____

MOM'S CELL: () _____ - _____ DAD'S CELL: () _____ - _____

DOES YOUR CHILD HAVE ANY KNOWN FOOD/INSECT ALLERGIES? _____

DESCRIBE ANY CONDITIONS/ISSUES THE STAFF SHOULD BE AWARE OF: _____

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY OF OUR RIGATONI & ROBOTS PROGRAMS, I ACKNOWLEDGE AND AGREE THAT:

1. Rigatoni & Robots, and its parent company, Rigatoni & Robots LLC, does not maintain health insurance for injuries that arise out of involvement in this program.
2. By virtue of participation, participants risk bodily injury including, but not limited to, cuts, minor burns, abrasions, paralysis, dismemberment, death, and other loss, including loss and/or damage to personal property.
3. I acknowledge and freely assume all such risk for my child and for myself and family members, and I agree to inform my child that he/she must follow all safety rules, procedures, and behavior policies.
4. I release and hold harmless and promise not to sue Rigatoni & Robots, Rigatoni & Robots LLC, its owners, officers, agents, or employees with respect to any and all such injury or loss except that which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
5. I hereby authorize and give my consent for medical care to be given in an emergency situation to the above named child/children while participating in the program, and agree to cover any and all medical expenses incurred.
6. This agreement is binding on my heirs, personal representatives, next of kin, spouse, and assigns.
7. I hereby give Rigatoni & Robots and Rigatoni & Robots LLC permission to photograph and/or videotape my child for publicity or marketing purposes and waive all claims to compensation. **Please state NO if you would prefer that your child's image not be used.** _____
8. I certify that, to the best of my knowledge, my child's current physical condition is satisfactory for participation in this program, and agree to inform camp personnel, in writing, of any health conditions or concerns prior to registration. Please note: individuals with health conditions such as, but not limited to, chronic allergies (i.e. asthma), seizures, and epilepsy, may not participate until a medical clearance by a physician has been submitted to camp personnel.

Behavior Policy: We reserve the right to excuse any student due to disruptive, demeaning, dangerous, or disrespectful behavior, on the part of the enrolled student and/or their parent/guardian, directed towards staff and/or other students which negatively affects the class environment itself, and without monetary compensation for lost enrollment time.

YOUR SIGNATURE BELOW ACKNOWLEDGES THAT, AS A PARENT/GUARDIAN OF THIS PARTICIPANT(S), YOU DO CONSENT TO HIS/HER PARTICIPATION AND TO THE TERMS OF THE RELEASE, WAIVER, AND POLICIES AS SET FORTH ABOVE:

PARENT/GUARDIAN SIGNATURE: _____ DATE SIGNED: _____