

Participant Waiver, Release of Liability, Medical and Consent Form

I, the undersigned, do hereby give my full consent to participate in THE LONGEST FORK cooking school.

I understand that there are certain risks of damages and injuries, including knife accidents, inherent in the practice of culinary arts, as well as in other related activities incidental to my participation, and I am willing to assume these risks. These risks include, but are not limited to, those hazards associated with kitchen equipment and tools and other participants. I understand that cooking can be dangerous to myself and other participants and may result in injury.

On behalf of myself, I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered by myself (a) while participating in the cooking school, (b) while observing demonstrations, and (c) while on or upon the premises of THE LONGEST FORK.

In addition to giving my full consent for my participation, I do hereby waive, release, discharge and agree not to sue THE LONGEST FORK, the owner or any person or entity connected with THE LONGEST FORK for any claim, damages, costs including attorney's fees, or cause of action which I have or may have in the future as a result of damages, injuries, including death, sustained or incurred by myself from whatever cause including, but not limited to, the negligence, breach of contract or wrongful conduct of the parties hereby released.

I hereby certify that I am fully capable of participating in culinary arts and that I am healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as made known to THE LONGEST FORK.

I give my permission to receive emergency medical treatment. In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. **Known Allergies:** _____

I further agree on behalf of myself, that I shall hold harmless and fully indemnify the parties hereby released from any and all claims, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, even if the damages, injuries or death are caused in whole or in part by any of the persons or entities hereby released. I acknowledge (a) that I have read (or have had read to me) each and every one of the provisions in this waiver, release of liability and indemnification agreement, (b) that I understand each of the provisions in this agreement and (c) that I agree to abide by them.

_____ I GRANT permission for my photo/image and all other personal identifiers to be published on THE LONGEST FORK website, blog, social media, and marketing material. Date _____

Name of Participant (printed) _____ Signature of Participant _____

Address: _____ Email: _____

Cell Phone: _____ Emergency Phone: _____