

Consent & Waiver

This Consent & Waiver form must be reviewed, completed, signed, dated & turned in before participation.

D.I.S.H. Foundation

Name: _____

Home Address:

City: _____ State: _____ Zip: _____

Phone – Home: (_____) _____ Cell: (_____) _____

Do you have any issues or medical concerns that the staff at D.I.S.H. should be aware of?

In the case of an emergency, please contact _____ at (____) _____

CONSENT & WAIVER

I, _____, assume any and all risks associated with my participation in D.I.S.H. Foundation _____ Class, including, but not limited to, injury or illness resulting from food, contact with other participants, all such risks being understood and appreciated by me. Having read and signed this waiver, I acknowledge that I understand its intent, and I for myself, my heirs, executors, administrators, representatives, or anyone else who might claim on my behalf, do hereby waive, release and discharge D.I.S.H. Foundation, its officers, directors, and employees from and against any blame and liability for any injury, harm, loss, inconvenience, or any other damage of any kind whatsoever, which may result from or be connected in any way to my participating in this event and agree to hold them harmless from any such claim(s). I agree to comply with the Rule of Participation attached to this waiver.

In addition to the absolute and unqualified release from all liability, I hereby represent that I will conduct myself in a safe and prudent manner while participating in this event. D.I.S.H. reserves the right to cancel a class or release a participant if we feel their conduct is inappropriate or disruptive.

If you have any allergies: there is a high possibility that I will come into contact with nut, dairy, wheat, etc. products. I assume full liability for any adverse reactions due to exposure to any allergens.

Participant Name: _____

Legal Representative: _____

Signature of Participant/Legal Representative: _____

Date: _____

Rules of Participation

- We require all participants to wear long pants and closed toed, comfortable shoes as there is a lot of standing involved. Hair longer than shoulder length must be tied back.
- Due to current COVID restrictions we are unable to accept any participants who are sick and have experienced the following symptoms within 24 hours prior to class: fever of 100 degrees or more, coughing, loss of sense of smell
- Cameras are not permitted
- Parents are welcome to stay with their child or drop their child off. Because of limited space, only one parent or guardian per child is allowed to stay. Parents choosing to stay with their child may observe the class – we ask that parents refrain from participating
- D.I.S.H. reserves the right to cancel a class or release a participant if we feel their conduct is inappropriate or disruptive.
- If you are dropping off your child, please make sure you pick them up on time.
- Allergy reminder: Participants assume full liability for any adverse reactions due to exposure to any allergens.
- No outside food or beverage is allowed in the facility.

_____ I have read and understand the above information

Initial

For Internal Use Only

Date of Class: _____

Time : _____

Instructor: _____

Additional Comments: _____