

LIABILITY RELEASE FORM

To: Youth Academy of Design and Culinary Arts

Class:

Participant:

I understand that participation in the above class includes actions or tasks that might be hazardous or result in injury to the participant named above.

By signing below, I assume any risk of harm or injury that might occur to the participant due to his/her participation in the activities related to the class listed above. I release Youth Academy of Design and Culinary Arts from all liability, costs and damages that might arise from participation in these activities.

I also agree to hold Youth Academy of Design and Culinary Arts harmless of any damage to the premises caused by direct action or negligence of the participant listed above and will assume financial responsibility for any necessary repairs or restitution.

I agree that the participant, who is a minor, has my consent to participate in the class and further provide my consent for Youth Academy of Design and Culinary Arts to seek emergency medical treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to such emergency treatment.

Name of Child (PLEASE PRINT)

Name of Parent or Guardian (PLEASE PRINT)

Parent or Guardian's Signature

DATE