

EJ's Cookin' With Class Registration Form

----- Student Name (print)	----- Age	----- Grade
----- Parent/Guardian (print)	----- Address	

I permit my child _____ to attend and participate in EJ's Cookin' With Class activities.

I understand that EJ Yurkov will attempt to exercise reasonable diligence to ensure the well being of my child during his /her participation in the cooking class.

I also understand that there are inherent risks serious personal injury and property damage involved in the above activities. I voluntarily assume and accept such risks of personal injury and property damage arising from my child's attendance and participation in such activities. I also agree to assume all financial responsibility for emergency care and services for my child including transportation services.

I agree that the foregoing release includes personal injury or property damages caused in whole or in part by negligence, active or passive, of EJ's Cookin' With Class, San Francisco Unified School District, St. Francis Episcopal Church and its Trustees, Employees and Agents; however, the release does not apply to liability for gross negligence, willful injury, fraud, or intentional violation of law and is not intended to release EJ's Cookin' With Class, SF Unified School District or St. Francis Episcopal Church's insurers, if any, nor non agent third parties of any responsibility for any claims that may otherwise be asserted.

This permission and release shall remain effective through the end of the cooking sessions or August 25, 2009 unless and until a written revocation is delivered by EJ Yurkov.

I HAVE CAREFULLY READ THIS AGREEMENT. I UNDERSTAND IT IS A FULL RELEASE OF LIABILITY EXCEPT AS EXPRESSLY STATED ABOVE, AND AGREE TO BE BOUND THEREBY

(Name) _____

(Signature) _____ Date _____

EJ's Cookin' With Class has my permission to use my child's photo or likeness in public relations materials such as brochures, web sites or videos.

_____ Parent/Guardian (print)	_____ Signature	_____ Date
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My son/daughter does not have any known food allergies. I understand that it is my responsibility to inform EJ's Cookin' With Class in writing and orally if my son/daughter does have or develops any food allergy.

Parent/Guardian (print) _____ **Signature** _____ **Date** _____

Emergency Information

Name _____

Relation _____

Phone Number _____

Physician's Name _____

Address _____

Phone Number _____

In case of accident or serious illness, I request that EJ's Cookin' With Class contact me. If EJ's Cookin' With Class is unable to reach me, I authorize EJ's Cookin' With Class to call physician indicated above and follow his/her directions. If it is not possible to contact the physician, EJ's Cookin' With Class may take whatever arrangements that seem necessary.

Parent/Guardian _____ **Signature** _____ **Date** _____

Session 1: JULY 6 - JULY 10

Circle Session you are applying for

Session 2: JULY 20 - JULY 24

Session 3: JULY 27 - JULY 31

Session 4: AUG. 3 - AUG. 7

I understand that all sessions of EJ's Cookin' With Class are \$300. Payments made payable to EJ Yurkov are due 1 month prior to the class. I furthermore understand that all class are nonrefundable.