

CWC Kitchen Assistant Application & Release

Name:
Email:
Phone:
Address:
Birthday:
Dietary Restrictions / Allergies:
Physical Limitations that we should be aware of:
Are you here during the summer months:
What are some of the classes that would be of the most / least interest to you:

Release / Waiver of Liability – Please read carefully & sign below:

I understand that my role as a Kitchen Assistant is a voluntary position and that I will not be remunerated in any way other than being given the opportunity to attend future classes as described in the Kitchen Assistant Program Information. I understand what is expected of me while volunteering at Cooking with Class and am fully physically capable of the duties described. I agree to hold Cooking with Class LLC, Cooking with Class La Quinta , their participants, employees, principals and owners harmless of any and all liability. Cooking with Class is not my employer. Furthermore I acknowledge that there is an inherent and natural element of risk in assisting, participating in or attending a cooking class, culinary event or \demonstration in a kitchen environment. By signing this I agree that I am aware of these risks, including but NOT limited to injury form cooking appliances and utensils, knives, allergic reactions and food borne illness, slips or falls , dishwashing injuries, or any and all accidental injuries made by participants, principals or employees of Cooking with Class. I also consent that my likeness may be used in film, photography or web based content without notice or remuneration. I have disclosed any and all conditions, limitations or items that would prohibit me from being a viable candidate for this volunteer position.

Signed: _____ Dated: _____

Received By: _____ Dated: _____