



Olivewood Gardens Informed Consent and Waiver Form

Parent/Guardian: Olivewood Gardens makes every effort to ensure a safe, positive, and enriching experience for all class participants. Please read this form in its entirety. Paper copies will be provided at drop-off for you to sign and date.

Child's Name (Please Print) _____

Does your child have any food allergies or special requests? If so, please list them here:

Acknowledgement of Risk

I hereby acknowledge that I have voluntarily chosen to allow my child to attend Olivewood Gardens Chefcitos Cooking Class. The activities in which my child may participate at the class may include, but are not limited to: harvesting, cooking, and tasting.

***I understand the risks involved in these activities.** I recognize that each class activity involves risk of injury to my child and I agree to accept any and all risks associated with it. By voluntarily allowing my child to participate in class activities and with the knowledge of the risks involved, I hereby agree to accept any and all inherent risks.*

Hold Harmless: In consideration of allowing my child to participate in Olivewood Gardens Chefcitos Cooking Class and to the fullest extent permitted by law, I agree to hold harmless Olivewood Gardens, its employees, and its volunteers and assigns from and against all claims arising out of or resulting from my child's participation in the class. I hereby voluntarily hold harmless and release Olivewood Gardens, its trustees, officers, employees, agents and volunteers from any and all claims arising out of or incident to my child's participation in Olivewood Gardens Chefcitos Cooking Class, which may be made on behalf of me, my child, my personal representatives and my heir or assigns.

Child Will Abide By Rules and Regulations: I have instructed my child to cooperate and comply with all reasonable directions and instructions received from Olivewood Gardens staff. I understand that any violation of class rules will result in consequences, and ultimately dismissal from the class. I understand that if my child is dismissed from the class, I will not receive a refund for any unused portion of the pre-paid class fee.

Commitment to Being Available: I commit to being available during class hours to answer a phone call from Olivewood Gardens and its staff. I have provided a phone number to Olivewood Gardens where I can be reached at any time during class hours. I also commit to being available or making arrangements for my child to be picked up for any reason and at any time during class hours in case of an emergency.

Consent to Administer Non-Emergency First Aid: In the event of non-emergency injury or illness which requires the administration of non-emergency First Aid, I hereby authorize Olivewood Gardens and its staff to administer any necessary non-emergency First Aid. Non-emergency First Aid treatment may include, but is not limited to: cleaning, applying antibiotic ointment to, and bandaging cuts or abrasions; removal of splinters; and applying an ice-pack to bites, stings, or an injury. The following substances may be used in the administration of non-emergency First Aid: water, ice pack, ACE bandage, antibacterial soap, alcohol swabs, antibiotic ointment, and band-aids. No oral medication will be administered unless authorized and directed by the child's parent/guardian.

If I do not consent to the administration of non-emergency First Aid or to the administration of any of the substances listed above, I will give written notification to Olivewood Gardens before class begins.

Consent to Administer Emergency First Aid: In the unlikely event of a life- or limb-threatening emergency, I give consent to Olivewood Gardens and its staff to administer emergency First Aid as a first response until more advanced medical care is available. I understand that Olivewood Gardens and its staff will use their best judgment, act in good faith, and will treat with the intention of not causing further harm.

Consent to Arrange Emergency Treatment: In the event of injury or illness to my child which requires emergency medical or dental care, hospitalization, or surgery, I hereby authorize Olivewood Gardens and its staff to arrange any necessary emergency treatment including the administration of anesthetics and surgery to my child. I also understand that a parent/guardian will be contacted at the earliest possible moment in the event of an emergency relating to my child.

Medical, Dental, Health, and Insurance Responsibilities: I understand and acknowledge that Olivewood Gardens cannot assume responsibility for determining the medical, dental, or health condition of my child. Olivewood Gardens cannot and does not assume legal responsibility for payment of medical or dental costs; rather, I hereby assure Olivewood Gardens that I have assumed all risk and responsibility thereof and that my child has the necessary insurance to meet any and all needs for payment of these services during the Olivewood Gardens Chefcitos Cooking Class. My child is physically and mentally fit to participate in the Olivewood Gardens Chefcitos Cooking Class.

Permission to Use Photograph or Likeness: I hereby give my permission to Olivewood Gardens to use my child's photographic image, in whole or in part, for class-specific public information and for marketing activities. I understand that the photography remains the property of Olivewood Gardens.

Check this box if you do NOT give the above permission to use your child's photograph or likeness.

I HAVE CAREFULLY READ THIS AGREEMENT, FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL.

Name of Parent/Guardian of Child Listed Above (please print)

Signature of Parent/Guardian, Date

Thank you!