



WAY-COOL™
Cooking School, Inc.

Release Form

Please fill out completely and return at the time of the party.

Host Name: _____

Guest Name: _____

Guest Birth Date: _____

Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Cell Phone: () _____

E-mail: _____

Does the party attendee have any food allergies or special needs?

YES NO

If yes, please explain? _____

I accept full responsibility for my child's use of any and all appliances, cookware and utensils, facility, services, owned and operated by the WAY-COOL Cooking School™, Inc. At my own risk and shall hold the business, its shareholder officers, employer's representatives and agents harmless from any and all injury, damage or liability sustained or incurred by my child resulting therefrom.

Signature: _____ Date: _____