

## APPENDIX F — COOKING CLASS / WORKSHOP WAIVER

*Held for future use*

*This form is included for future programming. Cooking classes and hands-on workshops are not currently offered. When that programming launches, this form is the starting point — counsel should re-review at that time.*

### Class Information

Class title: \_\_\_\_\_

Date: \_\_\_\_\_ Time \_\_\_\_\_

Instructor: \_\_\_\_\_

### Participant Information

Full name: \_\_\_\_\_ Age \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact name:  
\_\_\_\_\_

Emergency contact phone:  
\_\_\_\_\_

### Allergies and Dietary Restrictions

List any food allergies, intolerances, or dietary restrictions to inform the instructor before the class begins. Son of Egg works with Korean ingredients including soy, sesame, gluten, fish, and shellfish; these are present throughout the kitchen and we cannot guarantee an allergen-free environment.

Allergies / restrictions: \_\_\_\_\_  
\_\_\_\_\_

Initial: \_\_\_\_\_ I understand Son of Egg cannot guarantee an allergen-free environment and have disclosed any allergies that affect my ability to participate safely.

### Acknowledgment of Inherent Risks

This is a hands-on cooking class. Participation involves risks including:

- Cuts and lacerations from knives and other sharp tools.
- Burns from hot surfaces, hot oil, steam, and boiling liquids.
- Slips and falls on wet floors.
- Allergic reactions to ingredients.
- Foodborne illness from improperly handled or undercooked food.
- Aggravation of existing medical conditions.

I voluntarily accept these risks as part of participating in the class.

## Medical Statement

Initial: \_\_\_\_\_ I am physically able to participate in a hands-on cooking class. I am not under the influence of any substance that would impair safe use of knives, fire, or hot surfaces. I will tell the instructor if I begin to feel unwell during the class.

## Release of Liability

To the fullest extent permitted by New York law, I release Son of Egg LLC, its owners, employees, instructors, and agents from any claim for injury, illness, property damage, or other loss arising from participation in this class, except for claims caused by the gross negligence or willful misconduct of the released parties.

## Photo and Video

Son of Egg may take photos and short video during the class for marketing. If I prefer not to be photographed, I can let the instructor know.

Initial: \_\_\_\_\_ I do NOT want my image used for Son of Egg marketing. (Optional.)

## Signature

Participant signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed name: \_\_\_\_\_

If participant is under 18:

Parent / guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent / guardian printed name:  
\_\_\_\_\_