



College of the Rockies
Trainee for a Day Program - Culinary Arts
RELEASE OF ALL CLAIMS & WAIVER OF LIABILITY - PARTICIPANT

I, _____ (name)

_____ (address)
_____ (phone)

being of sound mind and the age of majority, hereby acknowledge and agree that in consideration of my [], my child [] being permitted to participate in activities or programs organized by the College of the Rockies noted below:

Trainee for a Day Program - Culinary Arts [] program [x] activity
(hereinafter referred to as the "Activity"), as follows:

1. My [] son, or [] daughter, being an infant or minor (i.e., under the age of 19), will be participating in the above named activity.
2. **I agree to RELEASE, INDEMNIFY AND SAVE HARMLESS** the College of the Rockies, its directors, officers, employees, invitees, agents, representatives, officials, servants, successors, assigns and independent contractors (herein collectively called the "Agents") from and against all claims, actions, causes of action, costs, expenses and demands of any nature or kind whatsoever in respect to death, injury, loss or damage to my person or property, wherever and howsoever caused, arising out of, or in connection with my taking part in the Activity or while travelling to and from the Activity notwithstanding that the same may have been contributed to or occasioned by any act or failure to act including, without limitation, negligence of the College and/or any one or more of its Agents.
3. I am aware that the Activity includes, without limitation, the following:

- ⇒ Preparation of food items in a busy kitchen environment
- ⇒ Cleanup of food preparation areas
- ⇒
- ⇒
- ⇒
- ⇒

I am also aware of the dangers and risks inherent in participating in the Activity and that they include, without limitation, the following:

- ⇒ Injuries resulting from burns from hot cooking surfaces and boiling water
- ⇒ Injuries resulting from slippery floor surfaces
- ⇒ Injuries resulting from cuts from knives or other kitchen tools
- ⇒
- ⇒
- ⇒

3. I also understand, acknowledge and agree:

- a. that the physical demands of this particular Activity, on me as a participant, require that I am medically, physically, and emotionally fit and fully able to participate in this Activity and that I have adequate knowledge of

Food Safe certification

Proper kitchen safety, hygiene & responsibilities as detailed in *Culinary Arts Cook Training Program Overview* document

- b. that I have the skills to participate in the Activity;
- c. that my clothing and equipment are satisfactory for participating in the Activity.
- d. that the College prohibits the use of alcohol or drugs prior to and during the Activity and I agree that I will not participate in the Activity under the influence of alcohol or drugs or that the prior use of alcohol or drugs affects my ability in any way whatsoever.
- e. that at any time the College may refuse the participation to any persons including myself who are a hazard to themselves or to any other participants or to the College.

I acknowledge and accept all of the inherent risks associated with my participating in this Activity and the possibility of personal injury, death, property damage or loss resulting therefrom and agree to assume all risks and waive notice of all conditions, danger or otherwise, in or about the Activity and to pay the cost of any medical attention rendered to me or to my benefit that may become necessary.

Further, I acknowledge and agree that first aid and medical treatment may be given to me by the leader or instructor or medical personnel in attendance in the event of accident, injury or illness during the Activity.

THAT I have carefully read this Release and that by entering into this agreement and signing same, I am not relying on any oral or written representation or statements made by the College including those in any brochure or calendars issued by the College to induce me to undertake this Activity.

I agree that I have read this Release and understand it and further agree that this Release shall bind my heirs, next of kin, executors, administrators and assigns.

I agree that this Release is to be interpreted pursuant to laws of the Province of British Columbia and understand that if I have any questions regarding this Release and the waiver of my rights I shall consult a lawyer prior to signing this agreement.

By signing this I am also confirming that I have read and understood the document *Culinary Arts Cook Training Program Overview*, which details all other requirements regarding kitchen safety, hygiene, responsibilities, etc.

DATED at _____ **this** _____ **day of** _____, _____.

Signature of Witness

Signature of Participant (or Parents/Guardians)

Name of Witness

Name of Participant