# CANADIAN SCHOOL OF NATURAL NUTRITION

Holistic Culinary Certificate Class Registration Form – **March 9 – May 1, weekly**

**Branch: CSNN METRO TORONTO**

| APPLICANT TO COMPLETE | | | |
|---|---|---|---|
| Name: | | | |
| Address: | | | |
| City: | | Province: | Postal Code: |
| Telephone (H): | | (C): | (W): |
| Email: | | SIN # (if applicable*): | |
| Allergies and/or Special Needs (if applicable): | | | |
| Emergency Contact Name & Phone #: | | | |

*CSNN provides T2202 tax receipts for workshops that are at least 12 hours in length in a month and are provided over at least 3 consecutive weeks. Revenue Canada requires SIN number to be included on the tax receipts. For further information, contact CRA at 1-800-954-8281. CSNN will keep your SIN number private and safe. For workshops that do not qualify for T2202, an internal CSNN receipt will be given.

Talia Chai is a Registered Holistic Nutritionist and Plant-Based Chef based in Toronto, a graduate of CSNN and trained at the Natural Gourmet Institute for Health and Culinary Arts in New York City. Talia has been teaching cooking classes in Toronto and New York for the past 8 years with devoted followers all over North America. She has developed several cookbooks and is a self-taught food photographer and food stylist. She currently spends her time working on her reproductive health start-up, Primer Wellness, hosting her podcast, "In Her Prime", and coaches nutrition clients. In her spare time, you can find Talia frequenting local farmers markets and coming up with new recipes in her kitchen and innovative ideas.

View Flyer

**Check Desired Class(es):**

- ☐ **Class 1: Kitchen Culture & Knife Skills**
  Tuesday, March 9th 6:00pm -9:00pm
- ☐ **Class 2: Eating Plants from Land, Lake & Sea (Full Day Fun)**
  Saturday, March 13th 10:00am – 1:30pm
- ☐ **Class 3: Ancient Grains & Legumes**
  Saturday, March 13th 1:30pm – 4:30pm
- ☐ **Class 4: Probiotic Food & Beverages**
  Tuesday, March 23rd 6:00 pm – 9:00pm
- ☐ **Class 5: Meal Planning & Practical Food Preparation**
  Tuesday, March 30th 6:00pm – 9:00pm
- ☐ **Class 6: Raw Food Fundamentals**
  Tuesday, April 6th 6:00pm – 9:00pm
- ☐ **Class 7: Alternative Baking & Raw Sweets**
  Tuesday, April 13th 6:00pm – 9:00pm
- ☐ **Class 8: Restorative Broths & Stews**
  Tuesday, April 20th 6:00pm – 9:00pm
- ☐ **Class 9: Eating for Sports & Performance (Party all day today!)**
  Saturday, May 1st 10:00am -1:00pm
- ☐ **Class 10: International Cuisine**
  Saturday, May 1st 1:30pm – 4:30pm

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| PAYMENT AND ACCEPTANCE | | |
|---|---|---|
| **REGISTRATION FEE** | $5 + HST = $5.65 (per workshop) | **Classes to be held at: ZOOM**<br>*Note: Workshop fees are **payable via cheque or e-transfer (toronto@csnn.ca )**). Payment in full due a minimum of 10 days prior to the scheduled start date.* |
| **HOLISTIC CULINARY CERTIFICATE FEE:** | $62 + HST each = $70.06* (per workshop) (includes course notes) | |
| **GRAND TOTAL:** | TOTAL COST FOR CERTIFICATE (10 workshops paid at once) = **$678.00***<br>(Registration fee will be waived for this option)<br><br>OR<br><br>Number of workshops _____ x **$75.71*** = _____<br>(includes registration fee per workshop)<br><br>**Active CSNNAA members receive a 10% discount on the workshop fee* | |

**PLEASE READ THE FOLLOWING PRIOR TO SIGNING THIS CONTRACT (along with the WAIVER on page 2):**

**WITHDRAW & REFUND POLICY:** If the applicant terminates registration at least 7 days prior to the workshop commencement date, a full refund will be issued less registration fee. If registration is terminated by the applicant less than 7 days before or after the workshop start date, no refunds will be granted. If CSNN cancels a workshop for any reason, all paid fees will be refunded to the applicant.

**RELEASE:** "I hereby release *The Canadian School of Natural Nutrition Inc.* and all branches and affiliations from all claims of damages arising from any accident or injury which is caused by or arises from participation of the applicant named herein, during any program or any facility or any location where a program is held."

**CONFIDENTIALITY AND DISCLOSURE:** Absolutely no part of the contents in the copyrighted publications, course material or teachers notes, may be photocopied or adapted for teaching purposes or shared with anyone not taking the CSNN workshop. **BREACH OF THESE RESTRICTIONS WILL RESULT IN LEGAL ACTION.**

Signature of Applicant: _____ Date: _____

Accepted by: _____ Date: _____

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## WAIVER, RELEASE, AND ASSUMPTION OF RISK

In consideration of the opportunity to participate in CSNN Metro Toronto cooking class(es), the receipt and sufficiency which is hereby acknowledged, I hereby agree as follows:

1. I confirm that my participation in the cooking classes is voluntary. I am in good health and suffer from no physical or mental condition that would make me especially susceptible to injury or illness while participating in the cooking classes, except as otherwise disclosed to CSNN Metro Toronto staff.

2. I understand that:
(a) it is my responsibility to inform CSNN Metro Toronto's staff of any allergies and special needs that I may have, prior to my participation in the cooking class(es);
(b) culinary activities such as cooking classes at CSNN Metro Toronto have certain risks, dangers and hazards ("Risks") and I assume full responsibility for all such Risks associated therewith and for any and all liability, injury, loss or damage which I may suffer or incur or cause to others as a result of my participation in the cooking classes.

3. I hereby waive, release, and forever discharge CSNN Metro Toronto and its affiliated entities, parent companies, subsidiaries, employees, shareholders, officers, directors, managers and insurers (the "Releasees") from any and all claims, actions, damages, liabilities, losses, costs, and expenses (including, without limiting to, solicitor/client fees) for any injuries, losses or damages in any way arising out of my participation in the cooking classes.

4. I agree to defend and indemnify the Releasees from any and all claims of any kind whatsoever and in any way arising out of my participation in the cooking classes.

5. This Waiver shall endure and be binding on my heirs, beneficiaries, personal representatives, and assigns.

6. If any provision of this Waiver is for any reason declared to be invalid or enforceable, the validity and enforceability of the remaining provisions will not be affected.

**This is a waiver and release of liability.** I acknowledge that I have read and understand this document, that I am waiving certain legal rights which I or my heirs, next-of-kin, executors, administrators, assigns, and other representatives may have against CSNN Metro Toronto and that I am providing a release of liability for CSNN Metro Toronto and its agents and affiliated entities.

Signature of Attendee: _____ Date: _____

Signature of Witness:
**(Not a CSNN representative)** _____ Date: _____

**Form Submissions and Inquiries:** **CSNN METRO TORONTO**
*302 – 150 Eglinton Ave. East, Toronto, ON. M4P 1E8*
*toronto@csnn.ca | 416-482-3772*

**Note: Culinary classes to be held via ZOOM.**

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