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| WAIVER, RELEASE, AND ASSUMPTION OF RISK |
| In consideration of the opportunity to participate in CSNN’s Holistic Culinary Certificate, 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 Calgary staff.  2. I understand that:  (a) it is my responsibility to inform CSNN Calgary’s staff and the chef instructing the workshops of any allergies and/or special needs that I may have, prior to my participation in the cooking class(es);  (b) culinary activities such as cooking classes offered by CSNN Calgary 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 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 and that I am providing a release of liability to CSNN Calgary, its agents and affiliated entities.  Signature of Attendee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(Not a CSNN representative)** |

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| **Form Submissions to** [**info@csnncal.ca**](mailto:info@csnncal.ca) |