

Waiver and Release of Liability

Participant Information:

First Name _____ Last Name _____

Date of Birth (If under 18) _____ Phone Number _____

Email Address _____

Medical Concerns _____

Food Allergies _____

Emergency Contact Name and Phone Number _____

If under 18, Parent or Legal Guardian's Name _____

If not accompanying child to event, please disclose who will be picking child up, or if child is allowed to leave facility unaccompanied _____

In consideration of the risk of injury while participating in Cookie, Cupcake or Craft Events, and as consideration for the right to participate in the activity, by signing below, I hereby, knowingly and voluntarily enter into this waiver and release of liability and waive all rights, claims, or causes of action of any kind whatsoever arising out of my participation at Piece O' Cake LLC, located at 2401 Whittier Drive Unit C, Frederick, Maryland, 21702, and do hereby release all affiliates, managers, staff, and volunteers for any injury suffered as a result of my participation in said activity. I understand that I (or my child), will be exposed to a variety of foods and will be working with cooking tools, crafts, decorating tools, and appliances with supervision. I understand the nature of the proposed activities and assume all risks associated with those activities. I understand the facility where the event being held is NOT allergen free, and contains allergens including but not limited to peanuts, tree nuts, dairy, egg, and soy. I accept the risks inherent in the preparation, cooking, and eating of food in facility. I also further authorize Piece O' Cake LLC personnel, and Sugar Dot Cookies personnel, in their discretion, to use, distribute, and publish all photographs for myself (or my child) taken at said events.

Signature of Participant or Parent/Legal Guardian _____

Printed Name _____ Date _____