This agreement contains a waiver of claims based on negligence.

Because culinary activities can present risks, Flair for French depends on you to use your good judgment and reasonable care for your own safety and the safety of others. Please follow the directions of Angélique carefully. If you have any questions at all about your ability to safely follow any instructions given, please immediately let Angélique know.

In consideration for your participation in an activity at this cooking class, and by signing this form, you acknowledge, agree and understand that your participation is voluntary and you assume the risks associated with the culinary activity in which you will be participating. Such risks may include, but are not limited to, the risk of physical injury or harm. You further agree to indemnify, save and hold harmless Flair for French, from any and all claims arising out of an injury, disability, or death resulting from your participation in culinary classes. This waiver specifically includes any claims made by you arising from the alleged negligent acts of Flair for French and any related subsidiary entities.

**By ticking this box**,  I hereby grant Flair for French all rights and consent to copyright, use, re‐use, publish or re‐publish, copy, exhibit or distribute all photographs of myself taking part in the class to be used for Flair for French website, social media, and any educational, promotional electronic or printed material..

**By completing and submitting this waiver**, I acknowledge that I have carefully read this Cooking Class Participant Waiver and fully understand its contents.  I am aware that this is a release of liability and a contract between myself and Flair for French.

***(Fields marked with a \* are required.)***

Full name \*

Email \*

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Phone

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Class attended (Name and date) \*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Important details (allergies, intolerances, diets, etc.)\*

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**Date : Full printed name :**

**Signature :**