



# Village of Merici Kitchen

Register for Cooking Classes





## Village of Merici Kitchen

- Register for the Kitchen Basics Class – class size restricted to 4 participants per class. Each class is 6 sessions – Please indicate your 1<sup>st</sup> and 2<sup>nd</sup> preference for class days and times on the registration form.
- Learning Skills:
- Basic kitchen sanitation skills – Day 1
- Food handling and preparation skills – Day 2
- Knife skills for cutting and slicing – Days 3 & 4
- Commercial dishwasher skills – Each session
- Cooking on induction stovetop – Day 5 & 6



Class schedules - 6 class sessions 2 classes per week

- Class 2 - Thursday and Friday Afternoons 3pm -5pm  
August 9, 10, 16, 17, 23 & 24
- Class 3 - Monday and Wednesday Evenings 5:30pm-7:30pm  
August 13, 15, 20, 22, 27 & 29
- Class 4 - Thursday and Friday Afternoons 3pm -5pm  
August 30, 31, September 6, 7, 13 & 14
- Class 5 - Monday and Wednesday Evenings 5:30pm-7:30pm  
September 10, 12, 17, 19, 24 & 26



Please check which class you want to register for below: indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice as class size is limited to 4 participants.

\_\_\_\_\_ Class 2 - Thursday and Friday Afternoons 3pm -5pm  
August 9, 10, 16, 17, 23 & 24

\_\_\_\_\_ Class 3 – Monday and Wednesday Evenings 5:30pm-7:30pm  
August 13, 15, 20, 22, 27 & 29

\_\_\_\_\_ Class 4 - Thursday and Friday Afternoons 3pm -5pm  
August 30, 31, September 6, 7, 13 & 14

\_\_\_\_\_ Class 5 - Monday and Wednesday Evenings 5:30pm-7:30pm  
September 10, 12, 17, 19, 24 & 26

#### Merici Kitchen Class Waiver

In consideration of being permitted by Merici Kitchen Project to participate in a cooking class, I hereby waive, release and discharge any and all claims for damages or personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in said activity. This release is intended to discharge, in advance, The Village of Merici, Inc. , its officers, directors, members and managers, and all other members of its cooking staff or coaches , whether contracted or employed, or volunteer from and against any and all liability arising out of or connected to in any way with any participation in said activity.

I understand that the activity that I am participating in may be of a hazardous nature and/or include physical and/or strenuous activity, that serious accidents occasionally occur during the said activity; and that participants in the said activity can occasionally sustain personal injuries as a consequence thereof including burns, cuts, slips, falls, allergic reactions and other injuries as a result of activities, products and equipment used.

Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless The Village of Merici Inc. , its officers, directors, members and managers, and all other members of its cooking staff and/ or coaching staff whether contracted or employed, who might otherwise be liable to me.

I further understand and agree that this waiver, release and assumption of risks is to be binding on my heirs and assigns. I hereby grant The Village of Merici Inc. all rights and consent to copyright, use, re-use, publish or re-publish, copy, exhibit or distribute all photographs and/or video of myself to be used for The Merici Kitchen Project or Village of Merici Inc. website, social media, and any educational, training or promotional electronic or printed material without restriction as to frequency or duration of usage and without compensation.

By signing this waiver, I acknowledge that I have carefully read this Hold Harmless Agreement, Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and The Village of Merici inc. and any staff member or volunteer of cooking class whether contracted or employed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please Provide This Information: Does the participant have any food allergies?

Please List: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Food sensitivities or restrictions ? If any please list: If none – List None

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guardian: (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_