**IMS Culinary Club Permission Slip for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Hello IMS families,***

Your student has expressed interest in participating in the IMS Culinary Club. The IMS Culinary Club is funded through the generous support of the Incline Education Fund (IEF) and American Association of University Women (AAUW). The purpose of this club is to give students an opportunity to learn some cooking skills and techniques that they can use at home to prepare delicious meals and have some fun while doing it!

**Gathering Health Information on Participant:** I understand that during the course of participating in the IMS Culinary Club programming that personal health information about my child may be collected as permitted for the purposes of (a) Identifying known food allergies, intolerances, dietary restrictions and medical conditions; and (b) planning, monitoring and evaluating this program. I consent to the collection, use, and sharing of personal health information about my child by the staff of IMS. I acknowledge that I have read and understand this consent, and that I may withhold my consent or withdraw my consent at any time by providing written notice.

**Media pictures and videos release:** I further give consent allowing myself and/or my child(ren) being in pictures and videos used to promote this program without pay to me. The pictures or videos may be taken and used without my knowledge or payment to me or my heirs, and current or future representatives.

**Liability Waiver and Release:** I also waive any claim against IMS Culinary Club, their agents, servants, insurers and employees, and hereby release them from any claim, cause of action or demand I may have arising out of or in connection with any personal injury or bodily injury, death or property damage which I, my child, my children, those children under my care and direction, may sustain during the Program. Cooking in nature can be a dangerous activity. This indemnification shall include, but not be limited to liability settlements, damage awards, costs, and attorney’s fees associated with any such claims. By my signature on this Liability Waiver, I bind my heirs, and current or future representatives, and myself to the terms and conditions of this Liability Waiver.

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 Parent Name / Legal Guardian (Please print) Parent Signature Date

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 Parent E-mail Address (Please print) cell phone # other phone #

**Dietary Restrictions/Allergies:**

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Does your child have any other medical conditions or require any medications that may impact their participation in this program? □ No □ Yes. If so, please provide details: ADD/ADHD?

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How will your child go home at the end of each session? □ Parent Pick-Up □ Walk □ TART □ Travel home arranged with:

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