



**ADULT APPEARANCE AND LIKENESS RELEASE** I, the undersigned, understand and agree that Baking and Cake Art Academy, Inc. with its principal offices located at: 11820 Allaseba Drive, Los Angeles, CA 90066 (“**BCAA**”) will be interviewing and recording me.

For good and valuable consideration, receipt of which is hereby acknowledged, I agree that you may film, tape, photograph, record and otherwise capture me, my appearance, my belongings, my voice, conversation and sounds on any form of media the BCAA may, in its sole discretion, select (the “Recording”). Further, I authorize BCAA to make use of my appearance as provided herein on any and all BCAA materials or otherwise as elected by BCAA in its sole discretion (the “BCAA Materials”). I also understand I will be provided an electronic link to the final edited version of the Recording and that I may make use of the Recording in any manner I elect in my sole discretion.

I further represent that any statements made by me during my appearance are true, to the best of my knowledge, and that neither they nor my appearance will violate or infringe upon the rights of any third party.

I hereby waive any right of inspection or approval of my appearance or the uses to which such appearance may be put. I acknowledge that you will rely on this permission potentially, at substantial cost to you and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permissions granted hereunder.

Name: (Please Print)

Today’s Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature:

Address:

City:

State:

Zip

Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address:

**BCAA Staff:**

Name:

Signature:

Today’s Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## **PERMISSION SLIP ASSUMPTION OF RISK, RELEASE OR LIABILITY & WAIVER**

By signing this Assumption of Risk, Release of Liability and Waiver, I represent that it is my desire and intent to be identified as listed below and I (if I am a registered class attendant), participate in the activities of Baking and Cake Art Academy, Inc.. I also represent that I have the authority to enter into this agreement. I acknowledge that my participation (if I am a registered class attendant) in Baking & Cake Art Academy, Inc. baking and cake decoration classes, which include engaging in activities related to preparing baked goods and the possibility of eating the baked and decorated goods, may involve certain risks, including but not limited to the risk of personal injury or property damage.

### **Release, Hold Harmless and Indemnification**

In consideration I agree that I am (if I am a registered class attendant) being permitted to attend and participate in Baking & Cake Art Academy, Inc. baking and cake decorating classes and any and all of the activities that might be associated with Baking & Cake Art Academy, Inc.. I release and further agree to indemnify, defend and hold harmless Baking and Cake Art Academy, Inc., including its members, managers, officers, owners, employees, agents, contractors, representatives, volunteers, interns, and insurers, from any and all claims, demands, actions, causes of action, lawsuits, expenses or losses (including attorney's fees) whatsoever that could be brought by me, or a third party acting on my behalf for acts or omissions related in any way to or arising out of Baking & Cake Art Academy, Inc.'s classes and the preparation of the food in that class for later consumption.

### **Image Use and Release**

I understand that at any classes, events or activities of Baking and Cake Art Academy, Inc. I may be photographed, filmed or otherwise have our activities recorded by Baking and Cake Art Academy, Inc., its employees, agents or contractors. In further consideration for myself and being permitted to attend and participate in Baking and cake Art baking and cake art classes, I agree to allow the voice, image and likeness of myself to be recorded and reproduced by photo, video, film, tape or any other media, including any electronic or digital media, and that such content may be used and reproduced for any legitimate purpose by Baking and Cake Art Academy, Inc. or its assigns. I agree that Baking and Cake Art Academy, Inc. shall own all copyrights in such content. I hereby waive any and all rights to royalties, commissions or other compensation, and any all rights of publicity or privacy, that I may have, now I or in the future, related to the use or exploitation of such content described above by Baking and Cake Art Academy, Inc..

I understand that this agreement can only be modified by written agreement between me and Baking and Cake Art Academy, Inc..

I agree that this Agreement shall be governed and interpreted under California law.

I acknowledge that I have read and understand the document, which affects my legal rights, and that by signing, I am agreeing to these terms for myself and assigns, who will be bound by all of its terms.

Date of acknowledgement of the above information:

Print Name:

Address:

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address:

Signature:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**ADULT HEALTH STATUS PROFILE/MINOR LIABILITY RELEASE FORM**

THE HEALTH STATUS PROFILE/ LIABILITY release form is designed to identify any health risk factors, such as allergies. Please be advised that unless you are enrolled in a private class, the instructor will modify recipes where possible. It is, therefore, important for the following information to be submitted not less than seven (7) days prior to class registration.

Name: (Please Print)

Email Address:

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address:

City:

State:

Zip:

City:

State:

Zip:

Please tell us how you learned of Baking & Cake Art Academy”

General Health Information

Any known food allergies:

If yes, please list:

Medications:

Lactose or gluten intolerance:

Other:

I \_\_\_\_\_ certify that I understand the above general health questions and have answered each question completely and accurately. I agree to promptly notify Baking and Cake Art Academy in writing should there be a change in my health conditions.

Signature

Date: