



2019 Green Apron Culinary Boot Camp

REGISTRATION FORM

A five-day, hands-on cooking camp for Treasure Coast high school students taught by an Executive Chef at Treasure Coast Food Bank's Produce Processing Plant in Ft. Pierce. Class size is limited to 10 students. Fees cover a daily meal, chef's shirt, learning materials, and all ServSafe exam fees (optional).

TIME: 1-4:30PM | **DATE:** March 18-22, 2019

LOCATION: 3051 Industrial 25th Street, Fort Pierce, FL 34947

STUDENT INFORMATION

NAME: _____ **AGE:** _____ **GRADE:** _____ **MALE:** _____ **FEMALE:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

STUDENT MEDICAL INFORMATION

MEDICAL ATTENTION/ALLERGIES

NO: _____ **YES:** _____ **IF YES, PLEASE EXPLAIN.** _____

PLEASE INCLUDE ANY OTHER INFORMATION YOU'D LIKE US TO KNOW ABOUT YOUR CHILD

PARENT INFORMATION

NAME:

EMAIL ADDRESS:

EMERGENCY PHONE NUMBER:

EMERGENCY PHONENUMBER (BACKUP):

PAYMENT INFORMATION

PAYMENT TYPE

VISA

MASTERCARD

AMERICAN EXPRESS

CARD NUMBER

EXPIRATION DATE

CV2

CHARGE AUTHORIZATION SIGNATURE

AMOUNT TO BE CHARGED

DATE

PLEASE FILL OUT AND EMAIL TO: DVAINA@TCFOODBANK.ORG ATTN: DAVID VAINA

***PLEASE NOTE: YOU MAY ALSO CALL 772.489.3034 AND PROVIDE YOUR CREDIT
CARD INFORMATION OVER THE PHONE***

RELEASE OF LIABILITY

I certify that I am of lawful age and acknowledge that in consideration of being permitted to participate in Treasure Coast Food Bank's (a non-profit organization referred to in this release as "TCFB") educational and workforce development training activities, including the 2019 Green Apron Culinary Boot Camp, which are located at 401 Angle Road, Fort Pierce, FL 34947, I acknowledge that I or my dependent will receive no compensation from TCFB. I also acknowledge that this experience will involve working within a commercial food production plant. I certify that I or my dependent are in good health. I acknowledge that this program may involve risk of injury from such work and I agree that I will assume this risk as part of my or my dependent's participation in the said programming.

I agree to observe all safety requirements of TCFB, use my best judgement and common sense to avoid injury or damage to myself/dependent or others person participating in the said programming.

I acknowledge that TCFB is allowing me or my dependent to participate in the said programming and is reliant on my statements in this release. Accordingly, I do hereby, for myself and heirs, executors and administrators, release, acquit and forever discharge TCFB and property owners where the experience is conducted and their respective heirs, executors, administrators, damages, judgements and other liabilities, claims and demands of any nature whatsoever whether in law or equity, resulting from my learning experience with TCFB.

I hereby grant TCFB 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 TCFB website (www.stophunger.org), social media and any TCFB 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/my dependent child and TCFB and any staff member whether contracted or employed.

Student Name

Date

Guardian

Guardian Signature