

Kegg's Candies
"Chocolate Factory"
8168 A Westpark Drive
Houston, Texas, 77063

**Chocolate Class
Registration Form**

Date Of Class: _____

Class Topic: _____

**Name
(Participant):** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

E-Mail: _____

Emergency Contact (other than above named participant)

Name: _____ **Relationship To Participant:** _____

Home Phone: _____ **Cell Phone:** _____

Medical Information:

Allergies: _____ **Medications:** _____

Other Health Needs: _____

Registration forms will be processed in order of receipt by Kegg's Candies.
Payment including sales tax must be received at the time of registration to secure your spot.
Reservations cancelled with at least 14 days notice will be refunded. Reservations cancelled with less than 14 days notice will not be refunded but will be eligible for transfers to a future session.

Photographs or video footage may be shot during class sessions for the purpose of publicizing Kegg's Candies Chocolate Classes. Participants' signature on this Registration form authorizes use of his/her likeness in this manner.

**Write in Participant Name for page
Identifier:** _____

Kegg's Candies

Chocolate Class Registration Form

I also understand that my participation in the Kegg's Candies Chocolate Class session may require the use of knives, forks, spoons, chocolate making equipment, kitchen equipment, and instructional activities which have the potential risk of injury. I hereby give my permission to staff, employees, and agents of Kegg's Candies to seek emergency medical treatment for the participant named above, including but not limited to ordering x-rays or routine tests. I agree to the release of any records necessary for insurance and/or other medical purposes. I give permission to Kegg's Candies to arrange necessarily related transportation for the participant named above with respect to any and all of the foregoing. In the event that my designated Emergency Contact cannot be reached in an emergency, I give permission to have a physician selected by Kegg's Candies to secure and administer treatment(s), including hospitalization, for the participant named above.

The above named participant is enrolled in the above noted Chocolate Class session. I understand that my participation in the above noted chocolate class session involves exposure to inherent risks that cannot be eliminated. Individually, I hereby expressly assume all risks associated with my participation in the above noted session, including all risks associated with the above and any and all other of Kegg's Candies' activities. Despite my understanding of the foregoing risks, I, individually, agree not to sue, and also to release from liability and to defend, indemnify and hold harmless, Kegg's Candies and its representatives, owners, employees and agents for any damage or injury arising out of my participation in the above noted chocolate class session regardless of the cause.

I understand that the foregoing is a Liability Release and a Medical Authorization that is legally binding on me, my heirs, assigns, and our legal representatives, and further that I sign/submit it of my own free will. I acknowledge that the foregoing is binding and of legal effect in perpetuity. By signing below, I certify that I agree to all of the foregoing in perpetuity.

Participant Name(printed)

Participant Signature

Date

Kegg's Candies, 8168 A Westpark Drive, Houston, Texas 77063 713-784-3000 Fax: 713-784-3013

Write in Participant Name for page
Identifier: _____

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