



HEALTHYFOOD  
STUDIO



## CONSENT AND INDEMNITY FORM

**01 |** We make every attempt to identify ingredients that may cause allergic reactions for those with food allergies. Every effort is made to instruct our staff on the severity of food allergies. In addition, we label items with possible allergen-containing ingredients; however, we cannot guarantee the absence of cross-contamination of ingredients. There is also a possibility that manufacturers of the commercial foods we use could change the formulation at any time, without notice. Participants concerned with food allergies need to be aware of this risk and are required to communicate details regarding such allergies to the HealthyFood Studio prior to attending the class.

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**02 |** By signing this indemnity form you confirm and indemnify that the HealthyFood Studio, Vitality and Discovery Ltd will not be responsible for loss, damage, injury or death. Under no circumstances, including as a result of its negligent acts or omissions or those of its servants, agents, contractors, partners or other persons for whom in law it may be liable, shall the HealthyFood Studio, Vitality and Discovery Ltd be liable for any loss, damage, injury or death you, your child, your beneficiaries or any third parties may suffer as a result of engagement in the HealthyFood Studio class. By agreeing to these rules you, your beneficiaries and any third parties indemnify the HealthyFood Studio, Vitality and Discovery Ltd accordingly.

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**03 |** By signing this document, you indemnify the HealthyFood Studio, Vitality and Discovery Ltd for any loss, damage, injury or death which may arise as a result of any consumption of alcohol in the HealthyFood Studio.

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**04 |** By signing this indemnity and consent form on behalf of The Child, where applicable, you waive any future claims that may arise by virtue of The Child participation at the HealthyFood Studio. By agreeing to these rules you, The Child and your beneficiaries indemnify the HealthyFood Studio, Discovery Vitality (Pty) Ltd Vitality and Discovery Ltd accordingly.

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I sign this agreement of my own free will.

Signed at \_\_\_\_\_ this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

Participant signature \_\_\_\_\_ Participant name \_\_\_\_\_



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### To be completed for participation of children at the HealthyFood Studio class

I sign this consent form of my own free will and confirm that I am the parent or legal guardian of The Child. I fully understand the contents of this Consent and Indemnity form and willingly assume the risk of any allergic reaction or injury incurred by The Child or as a result of his/her participation in the HealthyFood Studio cooking class

I represent that it is my desire and intent that The Child participate in the activities of the HealthyFood Studio, specifically cooking classes.

Name of Parent/Legal guardian

Name of The Child

#### Parent/Legal Guardian:

I \_\_\_\_\_ have voluntarily agreed to allow The Child,

Age \_\_\_\_\_ to participate in a cooking class at the HealthyFood Studio on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Parent's/Legal guardian's signature

Parent/Legal guardian contact number

### To be completed by parent/legal guardian as well as third party in the event that The Child is to be accompanied by a third party

I \_\_\_\_\_ (*parent's/legal guardian's name*), the parent/legal guardian of \_\_\_\_\_ (*child's name*)

\_\_\_\_\_ (*third party's name*) to accompany \_\_\_\_\_ (*child's name*) to the HealthyFood studio and confirm that he/she is a competent adult who shall supervise them in all respects whilst at the HealthyFood studio.

I \_\_\_\_\_ (*parent's/legal guardian's name*) hereby authorise

on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Parent/Legal guardian signature