



Participation Waiver

I, the undersigned Parent/Guardian of the aforementioned Participant, in consideration for Sprouts Cooking School, LLC ("Sprouts") allowing the Participant's participation in a class (the "Program"), agree to the following:

Waiver of Liability. I understand that although the facilities, equipment and services of Sprouts and the Program are designed to provide a safe level of enjoyment, there is an inherent risk that use of such facilities, equipment, services and participation in the Program may result in injury. Therefore, I agree to specifically assume all risk of injury for Participant while Participant is using any of Sprout's facilities, equipment, services or participating in the Program and hereby waive any and all claims or actions that may arise against Sprouts or its owner and/or representatives as a result of such injury.

Assumption of Risk. Participation in the Program naturally may involve the risk of injury, whether Participant or someone else causes it. As such, the undersigned agrees that he or she understands and voluntarily accepts this risk on behalf of Participant and agrees that Sprouts will not be liable for any injury, including and without limitation, personal, bodily or mental injury, economic loss or any damage to Participant resulting from the negligence or other acts of Sprouts or anyone else using the facilities or participating in the Program. If there is any claim by anyone based on any injury, loss, or damage described herein, which involves Participant, the undersigned agrees to (i) defend Sprouts against such claims and pay Sprouts for all expenses relating to the claims, and (ii) indemnify Sprouts for all obligations resulting from such claims.

Allergy Statement and Release. Notwithstanding the above Allergy Statement, the undersigned acknowledges and agrees that he/she is aware of the risks associated with allergies and that participation in the Program will expose the Participant to food, activities and persons that may result in exposure to allergens and injury and, in that regard and assuming such risks, the undersigned hereby fully releases and discharges Sprouts from any and all liability and/or responsibility to the Participant, the undersigned, or any third party for death and/or injuries to the Participant, and/or any direct, indirect, punitive, incidental, or any damages that arise out of or relate to Participant's participation in the Program and/or exposure to food allergens.

Medication Administration. I further acknowledge and agree that it is my responsibility to bring any and all medications identified in the above General Health Information statement to the Program and to give said medication(s) directly to Sprouts staff in the original prescription container. I give Sprouts permission to administer such medication to the Participant in the event of an emergency and pursuant to a stated Emergency Action Plan. As parent/guardian of the Participant enrolled in the Program, I hereby give my consent for Sprouts authorities to take appropriate action for the safety and welfare of my child and hereby further agree to the following: (i) to give Sprouts permission to administer to the Participant the aforementioned medications in accordance with the stated Emergency Action Plan in the event of an emergency; (ii) in all cases the recommended dosage of any medication will not be exceeded; (iii) to give my permission to Sprouts to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for immediate care in the event there is an adverse reaction in the administering of medication; (iv) to be responsible for payment of any and all medical services rendered; and (v) to notify Sprouts immediately if there is a change in the Participant's medication and/or any Emergency Action Plan. I further recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my child/guardian, and in consideration of Sprouts administering medication to the Participant, I do hereby fully release or discharge Sprouts, and its officers, agents, representatives, volunteers, and employees from any and all claims from injuries, damages, and losses I or the Participant may have, arising out of, connected with, incidental to, or in any way associated with administering of medication. I further agree to indemnify, hold harmless and defend Sprouts, and its officers, agents, representatives, volunteers, and employees from any and claims resulting from injuries, damages and losses sustained by me or the Participant and arising out of, connected with, incidental to or in any way associated with the administering of medication. I understand and acknowledge that Sprouts will not administer medication to a minor child or other participant until this Registration Form and Participation Waiver has been fully completed by a parent or guardian.

Photo Release. I hereby grant to Sprouts and its representatives the right to take photographs of the Participant in connection with the Program in which he/she is participating. I authorize Sprouts, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Sprouts may use such photographs with or without my name and for any lawful purpose, including but not limited to publicity, illustration, advertising and Web content. I further agree to release Sprouts from any expectation of confidentiality for the Participant and attest that, as the parent or legal guardian of the Participant, I have the authority to authorize Sprouts to use his/her photographs and/or name. I acknowledge that participation in publications and website produced by Sprouts confers no rights of ownership whatsoever.

I have reviewed the information contained in this Registration Form and Participation Waiver and the information provided is accurate to the best of my knowledge. I have further reviewed this Registration Form and Participation Waiver thoroughly and understand all of the terms herein. As the undersigned parent or legal guardian of the Participant, I hereby execute the foregoing Waiver for and on behalf of Participant and agree to bind myself, Participant and any heirs, next of kin, assigns or personal representatives to the terms of this Waiver. I represent that I have full legal authority to act for and on behalf of Participant, and I agree to indemnify and hold harmless Sprouts for any expenses, claims or liabilities that may arise as a result of any insufficiency of my legal authority to execute this Waiver.