All participants in a credit laboratory, apprenticeship, practicum or hands-on non-credit class must read all appropriate safety and sanitation rules and precautions as provided for by the instructor(s) and complete the acknowledgement below:

ASSUMPTION OF RISK AND RELEASE WAIVER
For all Culinary/Patisserie Laboratory, Apprenticeship, Practicum or Non-credit Hands-on Classes

Course and/or Activity:__________________________________________________________
CRN: __________________ or date of activity:_____________________________________
Year: _____________ Semester: (circle one) Spring Summer Fall

I have read and fully understand the written safety and other rules and precautions that are a part of the requirements for my participation in the above course/activity, as well as those explained to me by my instructor(s) and agree to strictly observe them.

I do for myself, my heirs, executors and administrators, accept full responsibility for the indemnity, release, and discharge the University of Hawaii, its officers, agents and employees from any and all claims of action for property damage, and/or personal injury which may result from my failure to abide by these safety rules and precautions, or from any inherent risks in said course or activity.

Print Name ________________________________________________________________
Signature __________________________________________________________________

Emergency Contact Name ____________________________________________________
Emergency Contact Phone Number _____________________________________________

Co-signature of Parent or Guardian if under 18 years of age

All participants in all CULN classes must read the document “Program Standard: Behavior, Grooming and Dress Code” and complete the acknowledgement below:

ACKNOWLEDGE OF COMPLIANCE TO PROGRAM STANDARDS
For all Culinary/Patisserie Laboratory, Apprenticeship and Practicum classes

I acknowledge that I have read the document titled “Program Standard: Behavior, Grooming and Dress Code” and agreed to abide by all of its conditions. I further understand that failure to comply with these conditions may directly affect my ability to participate in a class, therefore adversely affecting my grade and/or academic standing.

________________________________________  __________________________________
Signature                                     Date