



Illinois Extension
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN



Dear Parent/Guardian,

Thank you for enrolling your child/children in University of Illinois Extension's **Illinois Junior Chefs** cooking school. We are looking forward to having a fun time learning and cooking together.

During **Illinois Junior Chefs**, your child will learn how to:

- Read a recipe
- Measure and mix ingredients
- Grate and peel foods
- Use knives safely
- Juice citrus fruits
- Crack an egg

On the last day of class, children will receive a certificate of completion and a cookbook that includes recipes they made during the program. We hope that you will try some of these recipes at home and give your child a chance to show you what they have learned!

For safety and sanitation reasons, we recommend that children enrolled in **Illinois Junior Chefs**:

- Wear closed-toed shoes, such as sneakers (no sandals or flip-flops)
- Pull back and secure long hair with a rubber band or hairband
- Wear clothing that may get messy or stained during cooking
- Wear clothing that covers from shoulders to near the knee to avoid risk of burns during cooking

If your child needs reasonable accommodations to participate, please contact the local office at _____. Early requests are strongly encouraged to allow sufficient time for meeting your access needs.

Allergy statement

Please be aware that food used in this educational program may contain wheat, dairy, eggs, soy, nuts, and other allergens. We cannot guarantee that food will not come in contact with or contain potential allergens. By participating in this program, you agree that you are voluntarily participating in these activities and assume all risk of injury to yourself.

If you have questions, please contact me.

Sincerely,

This institution is an equal opportunity provider.

This material funded by the USDA's Supplemental Nutrition Assistance Program – SNAP.
College of Agricultural, Consumer and Environmental Sciences.

University of Illinois • United States Department of Agriculture • Local Extension Councils Cooperating



AGREEMENT TO ASSUME RISKS AND FULLY RELEASE ALL CLAIMS

COOKING SCHOOL/FOOD ALLERGY WAIVER & RELEASE:

Please be aware that food used in this educational program may contain wheat, dairy, eggs, soy, nuts and other allergens. You agree that you are voluntarily participating in these activities and assume all risk of injury to yourself. You expressly agree, on behalf of yourself, your heirs, and assigns, to release and indemnify the University of Illinois and its agents from all claims or causes of action, and you agree to voluntarily waive any right that you, your heirs, or assigns, may otherwise have to bring a legal action against the University of Illinois or its agents for personal injury or property damage. If any portion of this release shall be deemed by a Court of competent jurisdiction to be invalid, then that portion shall be stricken, and the remainder of this release shall remain in full force and effect.

PHYSICAL ACTIVITY WAIVER AND RELEASE.

Please consult with your physician before beginning any exercise program. When participating in any physical activity program, there is a risk of physical injury. You agree that, by participating in this program, you have had the opportunity to consider the potential risks related to this activity, and you are satisfied that you understand them. You agree that you are voluntarily participating in these activities and assume all risk of injury to yourself. You expressly agree, on behalf of yourself, your heirs, and assigns, to release and indemnify the University of Illinois and its agents from all claims or causes of action, and you agree to voluntarily waive any right that you, your heirs, or assigns, may otherwise have to bring a legal action against the University of Illinois or its agents for personal injury or property damage. If any portion of this release shall be deemed by a Court of competent jurisdiction to be invalid, then that portion shall be stricken, and the remainder of this release shall remain in full force and effect.

Participant name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Printed Name: _____

Home Street Address: _____ City: _____

Zip: _____ Phone: _____ Email: _____