CRAIGMUIR LAKE HOUSE:

Service Waiver.

SERVICE, CLASS, ACTIVITY PAMPER PACKAGE, NAME I AM PARTICATING IN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have read and understand that by filling out this Craigmuir Lake House Waiver Form Hold Harmless Agreement, Waiver and Release In consideration of being permitted by Craigmuir Lake House location 16 Kaliman Drive Mooroopna Vic 3629 to participate in any services, cooking class, pamper package, activities on the property. I hereby waive, release and discharge any and all claims for damages or personal injury, death, or property damage, food intolerances, anaphylaxis, allergy or dietary requirements in service, cooking class, pamper packages, activities that are held on the property which I may have or which may hereafter accrue as a result of my participation in said activity. This release is intended to discharge, in advance, Craigmuir Lake House, located at 16 Kalimna Drive Mooroopna Victoria 3629 its owners, officers, directors, members and managers, and all other members of its staff whether contracted or employed, from and against any and all liability arising out of or connected to in any way with any participation in said activity. I understand that the activity that I am participating in may be of a hazardous nature and/or include physical and/or strenuous activity, that serious accidents occasionally occur during the said activity; and that participants in the said activity can occasionally sustain personal injuries as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless Craigmuir Lake House, its owners, officers, directors, members and managers, and all other members of staff whether contracted or employed, who might otherwise be liable to me. I further understand and agree that this waiver, release and assumption of risks is to be binding on my heirs and assigns. I understand and read that I must cease all activities if I have or think I will have any adverse reactions and alert the staff members in charge immediately that I must stop and alert them of any side effects. I hereby grant Craigmuir Lake House located at 16 Kaliman Drive Mooroopna Vic 3629 all rights and consent to copyright, use, re‐use, publish or re‐publish, copy, exhibit or distribute all photographs and/or video of myself to be used for Craigmuir Lake House Cooking Classroom website, social media, and any educational, training or promotional electronic or printed material without restriction as to frequency or duration of usage and without compensation. By signing this waiver, I acknowledge that I have carefully read this Hold Harmless Agreement, Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Craigmuir Lake House, Location 16 Kaliamna Drive, Mooroopna Vic 3629 and any staff member whether contracted or employed.

**Important**: I understand it is my rights that I do not have to agree to sign this waiver form Hold Harmless Agreement, Waiver and Release. By practicing my rights to not sign this form or filling out this form with false or misleading information. Craigmuir Lake House owners, officers, directors, members and managers, and all other members of staff whether contracted or employed can refuse to allow me to participate in the service, class, pamper package or activity or if any staff member feel I may be at risk to myself or other participates during the service, class, pamper package or activity provided. All owners, officers, directors, members and managers, and all other members of staff whether contracted or employed, have the right to stop my participation and can refuse to refund some or all sums of money for the service, class or activity I have participated in.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Activity you are attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Provide This Information:

Does the participant have any food allergies? Y / N If yes, What type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food sensitivities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anything else that would require additional support from us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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