

WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in this cake decorating class and any related food consumption (the "Activity"), and as consideration for the right to participate in the Activity, I, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability. I hereby waive any and all rights, claims, or causes of action of any kind arising from my participation in the Activity, and do hereby release and forever discharge Rday Cake Creations, located at 10511 Bells Ferry Rd #400, Canton, GA 30114, including its affiliates, managers, members, agents, staff, volunteers, heirs, and representatives, from any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economic or emotional loss, that I may suffer as a direct result of participating in the Activity, including travel to and from events related to this Activity.

I agree to indemnify and hold harmless Rday Cake Creations against any and all claims, suits, or actions of any kind for liability, damages, compensation, or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, should litigation arise due to claims made by me or by anyone else acting on my behalf. If Rday Cake Creations incurs such expenses, I agree to reimburse them.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Rday Cake Creations AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, SUCCESSORS, AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION, AND I AGREE TO VOLUNTARILY GIVE UP ANY RIGHT TO BRING A LEGAL ACTION AGAINST Rday Cake Creations FOR PERSONAL INJURY OR PROPERTY DAMAGE.

If I require medical care or treatment, I agree to be financially responsible for any costs incurred as a result. I am aware and understand that I should carry my own health insurance.

In the event of an emergency, please contact the following:

Emergency Contact Information

- Name: _____
- Relationship: _____
- Phone Number: _____

I, the undersigned participant, affirm that I am 18 years or older, and I am freely signing this agreement. I certify that I have read and fully understand its content, and that this release cannot be modified orally. I acknowledge that this is a release of liability and a contract, and I am signing it of my own free will.

Participant's Information

- Name: _____
- Signature: _____
- Date: _____

I allow Rday Cake Creations to use images and videos taken during this event on their social media platforms and website for promotional purposes. _____ (initial)

PARENT/GUARDIAN WAIVER FOR MINORS

If the participant is under 18 years of age, this release must be signed by a parent or guardian:

I hereby certify that I am the parent or guardian of _____, named above, and give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian Information

- Name: _____
- Relationship to Minor: _____
- Signature: _____
- Date: _____