# Junior Chef Competition

# Parental Permission and Release Form

This form must be completed by the parent/guardian of **each student** who wishes to participate in the Junior Chef Competition during the school year 2024-25. A completed form must be submitted by each team member along with their application and recipe. **Please complete the information below.**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All organizers and sponsors of the Junior Chef Competition will exercise reasonable judgment and care in the planning and operation of the events. I understand and agree that the organizers, sponsors, and affiliated parties of the Junior Chef Competition will not be liable for injuries resulting from accidents or unanticipated occurrences beyond their control. I also understand and accept that volunteers, including other parents, as well as other members of the community will be assisting in overseeing the Junior Chef Competition.

In case of illness or accident, I request the organizers of the event to contact me. If I cannot be reached or the emergency contact person cannot be reached at the phone numbers provided, I authorize the organizers of Junior Chef Competition to seek emergency medical care or take other action they believe is necessary to protect the best interest of my child/ward. If my child/ward is taken for emergency medical treatment, I hereby authorize the attending physician to administer the emergency treatment s/he believes is appropriate, and I agree to pay any resulting expenses.

I have read the above form and my signature below demonstrates I have provided my consent for my child/ward to participate in the 2024-25 North Carolina Junior Chef Competition and if selected as member of the winning North Carolina team, to compete in the 2025 Southeast Junior Chef Competition.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

The North Carolina Junior Chef Competition and Southeast Junior Chef Competitions are public events that will be covered by the media. Photographs or videos taken during the events may be used in educational or promotional materials, including but not limited to, newsletters, flyers, videos, brochures, presentations and other similar forms of communication. By taking part in this event, I understand and consent that my child/ward may be videotaped, photographed, interviewed and/or included in written materials. Further, I authorize use of his/her image or likeness without inspecting or approving the finished product.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_