



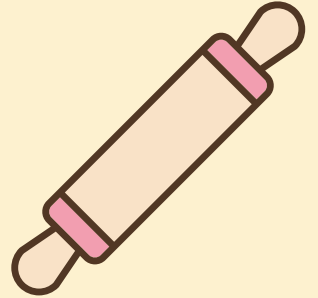
KNEADING FRIENDS BONUS PROGRAM 2024 BONUS REGISTRATION



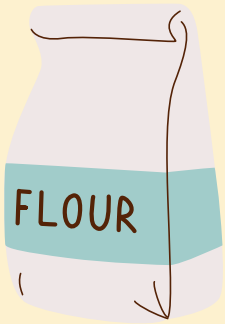
KNEADING FRIENDS

AGES 19+

We loaf (love) spending time making bread with friends. Join us as we welcome local baker, Mike Van Cleve, into the HISRA kitchen for an interactive baking class! Class participants will learn how to bake fresh bread and take a loaf home to enjoy! Non-HISRA residents are welcome to register as a Sous Chef. Sous Chefs will be paired alongside a HISRA participant during the program. HISRA staff will be available to provide support as need during this hands-on class.

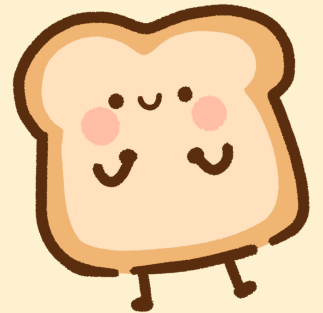


Date	Day	Time	Fee	Location
10/6	Sun	3:00 pm - 5:00 pm	R \$40/NR \$51 Sous Chef - \$61	HISRA



I'M PAYING FOR: Kneading Friends Kneading Friends - Sous Chef

- Check Cash Credit/ debit card
 Requesting scholarship (requires 10% downpayment)



Participant name: _____

Date of birth: _____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Guardian name: _____

Phone: _____ Email: _____

As a participant, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against the Heart of Illinois Special Recreation Association and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I may have or which may accrue to me on account of my participation in the program. I further understand and agree that the terms such as "participating," "programs," and "activities," referred to in the Agreement, include all exercises and physical movements of any nature while I am participating in these programs, and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to the use of the services, facilities, or premises involved in these programs, and transportation to and from any events. I authorize HISRA staff to dispense prescribed medications in their original container or accompanied by a copy of a signed prescription to me/my child.

I understand the nature of these programs for which I am registering and fully understand this Waiver, Release, and Hold Harmless Agreement. I further understand that any advisements or warnings or the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this Agreement. Additionally, in order that the Heart of Illinois Special Recreation Association may better serve the interests of myself/my child, I hereby grant permission for the Special Recreation staff to access relevant education and/or medical records. I hereby consent to the use of my/my child's photography in the Heart of Illinois SRA brochures, publications, or promotional needs.

Guardian Signature: _____

Date: _____