



377-379 Bell Street, Preston, Victoria 3072

Ph: (03) 9484 7948

classes@costanteimports.com.au www.costanteimports.com.au

Costante Imports Class Registration Form

Booking Form, Terms, Conditions, and Indemnity & Risk Waiver

All bookings made are non-refundable. If you are unable to attend your class, you must notify us at least 72 hours before your class date to change class or to receive a credit voucher to be used in store at Costante Imports. You may send a friend as a replacement as long as they are happy to comply with these terms and complete a copy of this form.

Your place in a class is only confirmed when full payment is received, and you have agreed to these terms by returning a signed copy to us. You must also sign and agree to our COVID waiver. We do not hold spots.

We reserve the right to refuse entry to our classes. No disruptive behaviour will be tolerated.

If a class does not reach minimum numbers or if unforeseen or exceptional circumstances arise, we reserve the right to cancel or postpone any class within 48 hours. In this case a full refund will be given if a replacement class is not suitable.

All classes start on time. Please arrive 5 minutes early to get the maximum benefit from the class.

We do not cater for food allergies.

No children allowed. All participants must be over 18 years of age.

Please wear appropriate clothing including closed toe and non-slip shoes appropriate for kitchen environments. Please tie up long hair.

You may be taking food you have made home with you, (depending on the class you are taking). It is your discretion if you consume the products.

I give permission for Costante Imports or its agent to obtain medical assistance for myself if required.

I hereby agreed to the above terms and indemnify Costante Imports, its directors, and its agent, against any responsibility for personal accident, loss, injury or illness and loss/ damage of property.

Participants Full name: _____ Contact Mobile Number: _____

Participants email: _____

Name Of Class You Wish To Attend:

Date: _____ Start Time: _____

I agree to the above terms and conditions:

Signed: _____ Dated: _____

Payment can be made by credit card by calling us on 03 9484 7948 or EFT direct deposit BSB 033174 Account Number 489863 – please use your name as reference.

Please email this form to classes@costanteimports.com.au upon completion.



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COVID – 19 LIABILITY WAIVER

I acknowledge the contagious nature of the Coronavirus/COVID-19 and agree to follow current government set guidelines while in attendance at my class at Costante Imports.

I acknowledge that I must comply with all set procedures to reduce the spread while attending my class.

I attest that: * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

I hereby release and agree not to hold responsible COSTANTE IMPORTS, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the business, or that may otherwise arise in any way in connection with any services received from COSTANTE IMPORTS.

I understand that this release discharges COSTANTE IMPORTS from any liability or claim that I, my heirs, or any personal representatives may have against COSTANTE IMPORTS with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from COSTANTE IMPORTS. This liability waiver and release extends to COSTANTE IMPORTS together with all owners, directors, and employees.

Name: _____

Date of class: _____

Signed: _____ Dated: _____

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