



WAIVER OF LIABILITY AND RELEASE

PLEASE READ THE FOLLOWING CAREFULLY. Please complete the following to participate in the 'You're the Chef' cooking series. **If you have any questions, have them answered before signing this document.**

I, _____ understand that there is some risk involved with any food
PREPARE FULL NAME
preparation activity (e.g. use of equipment such as electric skillet, blender, knives) and the consumption of food (e.g. allergic reaction, choking). I am aware that although the leader of the 'You're the Chef' series may attempt to make accommodations for any disclosed food restrictions due to allergy or intolerance, we cannot guarantee your safety. Being aware of this, I release Southwestern Public Health, the participating agency/agencies and volunteers involved of any liability should an injury or medical event occur.

Due to the nature of the series, we ask that you disclose any known food allergies or restrictions to better ensure your safety. Please initial next to the corresponding statement:

_____ I have NO KNOWN food allergies or restrictions.

_____ I have KNOWN food allergies and/or restrictions that include: _____

As a participant in You're the Chef cooking series, I hereby authorize the leaders of the program to arrange for the provision of medical treatment in the event of an emergency where I am not able to consent or provide direction (e.g. unconscious):

Yes No

I give permission to have my photo taken during the program to be used for 'You're the Chef' promotional purposes:

Yes No

Participant Name (printed): _____

Participant Signature: _____

Date: _____

