



Cooking Class Release Waiver

Participant Name: _____

Please list any food allergies the participant may have:

WAIVER

I understand that _____ will be exposed to a variety of foods. I
(Participant's name)

understand he/she will be working with cooking tools and appliances with supervision. I understand the nature of the proposed activities and hereby assume any and all risks associated with those activities. He/she has my permission to participate in Cabarrus Health Alliance's Cooking Class. By signing below I release any claims, damages and liabilities arising from or related to participation in this class.

Yes, I give permission No, I do not give permission

In addition, check the following box in regards to permission to be filmed, taped, or photographed at this event for educational or informational purposes at the discretion of the Cabarrus Health Alliance.

Yes, I give permission No, I do not give permission

Signature

Date

Printed Name

In case of emergency, please contact:

Name: _____

Phone Number: _____
