Adults Program General Waiver/Release

**In Consideration of being allowed to enter and/or participate in any class, program, seminar, and/or sessions (the “Program”) with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [insert name of organization] **of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [insert city and state of organization] **and/or to receive any product , item or equipment from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [insert organization name]**, the undersigned, on his or her behalf, acknowledges, appreciates and agrees to the following conditions:**

I represent that I shall comply with all stated and customary terms, posted safety signs, rules, and written and verbal instructions included with items, products or equipment given to participants as conditions for participation in any Program organized by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [insert name of organization].

I acknowledge that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [insert name of organization] is not providing medical advice.

I am aware that there are inherent risks associated with participation in food preparation, and cooking techniques, and I knowingly and freely assume all such risk, both known and unknown, including but not limited to food allergies, choking, use of equipment and/or those that may arise out of the negligence of other participants; and,

I and my respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [insert name of organization], their affiliates, officers, members, agents, employees, volunteers, other participants, and location sponsors from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [insert name of organization]programs, activities, seminars, sessions, food preparation or consumption and use of equipment provided and/or food provided.

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| Signature Adult 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Adult 2 |  | Printed Name Adult 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name Adult 2 |
| Date Email Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address City State Zip Code |