



PARENTAL CONSENT, WAIVER, RELEASE, AND OPTIONAL CONSENT TO PUBLISH PHOTOGRAPHS OF MY CHILD

I, _____, parent or guardian of _____, understand that the information presented in the Food for Life: Kids Health series is not intended to replace the advice of a medical doctor or other health care professional with whom I consult. The cooking instructor has advised me of his or her credentials and training in teaching this class. I understand that the cooking class series is based upon an exclusively plant-based diet that is limited to foods derived from vegetables, fruits, legumes, and whole grains. I understand that by my child attending this series, he/she may ask me to purchase and serve foods different than those I currently serve. I understand that food prepared during this cooking class series may contain common allergens, and I hereby assume any risk(s) of personal injury or illness to my child that may result from consuming or handling this food and hold PCRM and the class instructor harmless from any and all liability for any such injury of illness. I have listed my child's allergies below. In consideration of participating in Food for Life classes, I acknowledge and understand the dangers and risks inherent in such activities related to preparing food, consuming certain foods, and working with tools and appliances. I hereby waive, release, and discharge Physicians Committee, Food for Life and its instructors, officers, employees, and volunteers against any and all claims, demands, action, or causes of action for costs, expenses, or damages to personal property or personal injury, or death, which may result from my participation or child's participation in these activities. I assume full responsibility for any injuries or damages resulting from my participation or child's participation in this program including responsibility for using reasonable judgment in all phases of participation of the program. I acknowledge that my participation or child's participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages. I understand that it is my responsibility to notify the event host(s) and instructor of any emergency medical information and ANY food allergies/or dietary restrictions for me or my child.

_____ (Optional) By initialing this specific paragraph, in addition to the matters set forth above, I also agree, for myself and my child that the instructor may take photographs during the Food for Life Kids series. By placing my initial at the beginning of this paragraph, I hereby give her the absolute right and permission to copyright, use, re-use, publish, and re-publish any photographs taken of my child in whole or in part, in any medium. I hereby release and discharge her from any and all liabilities, claims, or demands arising out of or in connection with the use of any such photographs.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Printed Name of Food for Life Kid

My Food for Life Kid is allergic to the following foods:
