## UNIVERSITY OF KENTUCKY COOPERATIVE EXTENSION SERVICE ASSUMPTION OF RISK, RELEASE AND WAIVER FORM Nutrition Education Programs

Dear Parents or Guardians,

Please fill out the following information. This form must be submitted before the first class in order for your child to participate in food preparation and/or taste testing activities.

Please return your form to: Tori Riehemann (t.carter@uky.edu) by May 30th

Personal Information	
Child's Name:	List All Food Allergies (ingested and handling) and Explain Restrictions:
School:	
Grade & Teacher:	
Parent/Guardian Name:	
Parent/Guardian Email Address:	
Parent/Guardian Phone Number:	
My Child is Voluntarily Participating In:NEP Super Star Chef	Day Camp
understand that my child will be exposed to a variety of foods.	
understand that reasonable efforts will be made to accommoda be controlled for with this activity.	te my child's food allergies, however all risks cannot
understand my child will be working with cooking tools and appliances with supervision.	
understand the nature of the proposed activities and hereby ass	sume any and all risks associated with those activities.
understand the risks involved in this activity and I am voluntarily and/or tasting activities.	y allowing my child to participate in food preparation
By my signature below, I hereby recognize and assume all risks as night have arising out of this activity.	ssociated with this activity, and waive any claim that I
My child has my permission to participate in University of Kentuc Naiver, I acknowledge and represent that I have read it, understa leed.	
Publicity Release hereby grant NEP, University of Kentucky and their agents, the pictures, video and sound recordings of myself or my minor child advertising, educational publications or online content. YES, I do permitNO, I do not permit.	
Parent/Guardian Print Name)	
Signature)	