## 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:	
Age:	
Parent/Guardian Name:	
Parent/Guardian Email Address:	
Parent/Guardian Phone Number:	
My Child is Voluntarily Participating In:NEP Super Star Che	ef Day Camp
I understand that my child will be exposed to a variety of foods.	
I understand that reasonable efforts will be made to accommod be controlled for with this activity.	date my child's food allergies, however all risks cannot
I understand my child will be working with cooking tools and ap	pliances with supervision.
I understand the nature of the proposed activities and hereby a	ssume any and all risks associated with those activities
I understand the risks involved in this activity and I am voluntar and/or tasting activities.	ily allowing my child to participate in food preparation
By my signature below, I hereby recognize and assume all risks might have arising out of this activity.	associated with this activity, and waive any claim that I
My child has my permission to participate in University of Kento Waiver, I acknowledge and represent that I have read it, unders deed.	, ,
Publicity Release I hereby grant NEP, University of Kentucky and their agents, the pictures, video and sound recordings of myself or my minor chil advertising, educational publications or online content. YES, I do permitNO, I do not permit.	
(Parent/Guardian Print Name)	
 (Signature)	