

**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: **(INSERT LOCAL INFORMATION HERE)**.

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: _____

I understand that my child will be exposed to a variety of foods.

I understand that reasonable efforts will be made to accommodate my child's food allergies, however all risks cannot be controlled for with this activity.

I understand my child 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.

I understand the risks involved in this activity and I am voluntarily allowing my child to participate in food preparation and/or tasting activities.

By my signature below, I hereby recognize and assume all risks associated with this activity, and waive any claim that I might have arising out of this activity.

My child has my permission to participate in University of Kentucky Cooperative Extension Program. In signing this Waiver, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed.

Publicity Release

I hereby grant NEP, University of Kentucky and their agents, the right to use, reproduce, assign and/or distribute still pictures, video and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content.

_____ YES, I do permit. _____ NO, I do not permit.

_____ Date _____
(Parent/Guardian Print Name)

(Signature)