Adults Program General Waiver/Release

program, se	ation of being allow minar, and/or sessi	ons (the "Program'	') with	<u>-</u>	
[insert name organization]	of organization] of and/or to receive a	ny product item o	[r equinment f	insert city and state of	
organizacionj		ganization name], th			
behalf, ackn	owledges, apprecia				
and written as participants as	at I shall comply with nd verbal instructions s conditions for partici	included with items, p pation in any Program	roducts or equi	ed safety signs, rules, pment given to	
I acknowledge that medical advice.		[insert name	[insert name of organization] is not providing		
cooking techn unknown, incl	nat there are inherent liques, and I knowingly luding but not limited e out of the negligence	y and freely assume a to food allergies, chok	ll such risk, bot ing, use of equ	h known and	
hereby release affiliates, office sponsors from related to our organization];	pective heirs, assigns, e and hold harmless _cers, members, agents and against any and participation in any appropriate, senent provided and/or f	, employees, voluntee all claims, injuries, lia nd all eminars, sessions, foo	[insert name ers, other partic bilities or dama [inser	of organization], their ipants, and location ges arising out of or the name of	
Signature Adult 1		Printe	Printed Name Adult 1		
Signature Adult 2		Printe	Printed Name Adult 2		
Date	Email		Phone		
Address		City	 State	Zip Code	