



Under 18 Waiver for Food Lab

Thank you for joining us at Food Lab. For the safety of all, you are required to completely fill out this waiver before your child takes part in a class or event at Food Lab

Liability Release and Parental Consent Form:

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Food Lab, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Child Last Name:* _____ Child First Name:* _____

Parent/Guardian Last Name:* _____ Parent/Guardian First Name:* _____

Phone number: *(_____) _____ Email: _____

Child's Date of Birth:* ____ / ____ / ____

Address1: _____

Address2: _____

City: _____ State: _____ Zip: _____

Please list any allergies (note: if an ingredient is stated here, we will not let your child have it. We cannot control "only a little gluten" etc. Also, please be clear if this is an allergy/intolerance/celiac etc.*

Name of birthday person or camp child is attending: (i.e., Billy's Party or Italy After School Camp)*

Your signature*

Your name*

Signature date*: ____ / ____ / ____