The Good Acre Participant Waiver and Release Form

PLEASE READ THE FOLLOWING CAREFULLY. IF YOU HAVE ANY QUESTIONS, PLEASE HAVE THEM ANSWERED BEFORE SIGNING THIS DOCUMENT. A WAIVER NEEDS TO BE COMPLETED FOR EACH PARTICIPANT.

In consideration of being permitted to participate in The Good Acre’s cooking classes, hands-on programs and demonstrations, I, ______________________[print], in full recognition and appreciation of the dangers and risks inherent in such activities related to preparing food and working with tools and appliances, do hereby waive, release, and forever discharge The Good Acre and its instructors, agents, employees and volunteers from and against any and all claims, demands, action or causes of action for costs, expenses or damages to personal property or personal injury, or death, which may result from my participation or my child’s participation in these activities.

I understand and admit that my participation or my child’s participation in The Good Acre cooking classes, hands-on programs and demonstrations is voluntary. I assume full responsibility for any injuries or damages resulting from my participation or child’s participation in this program including responsibility for using reasonable judgment in all phases of participation of the program and travel to and from the cooking location. I recognize and understand that the activities may be hazardous, that my participation or my child’s participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages. I affirm that I am in good health. I further declare that I am physically fit and capable to participate in such activities. I acknowledge that it is the recommendation of The Good Acre that I obtain general medical/health insurance if I am not already covered. I understand that it is my responsibility to notify the appropriate person in the workplace or event host(s) of emergency medical information. I also understand that this Waiver of Liability and Release binds my heirs, executors, administrators, and assigns as well as myself. Initials of Participant/Parent: ____________

Food Allergy/Dietary Restriction Waiver

I have informed the instructor, officer, agents, employees, and volunteers of ANY food allergies/or dietary restrictions for myself or my child.

Initials of Participant/Parent: ____________

Media Release

I consent to and allow any use and reproduction by The Good Acre of any and all photographs or videotapes taken of myself or my child during their participation in this activity. I understand that The Good Acre will own the photographs and videotape and the right to use or reproduce such photographs and videotape in any media, as well as the right to edit them or prepare derivative works, for the purposes of promotion, advertising, and public relations. I hereby consent to this use of myself or child’s name, likeness, or voice, and I agree that such use will not result in any liability for payment to any person or organization, including myself.

___ I agree
___ I disagree, and do not give consent for my child to be photographed or videotaped at point during these activities.

Initials of Participant/Parent: ____________

I acknowledge that I have thoroughly read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it.

Printed Name of Participant/Parent: ____________________________________________
Signature of Participant/Parent: __________________________________________________
Date: __________________________