



Share Our Strength's Cooking Matters Participation Waiver and Release

Child/Teen Name: _____

Please read, and if you agree to the statement, please initial each line and sign and date at the bottom of the page.

Participation Waiver

Liability Waiver: I give my child permission to participate in Cooking Matters, and recognize that this course could present potential cooking hazards, including but not limited to: cuts, burns, slips, falls, allergic reactions and other injuries as a result of activities, products and equipment used. I release Share Our Strength, **The Idaho Foodbank**, its agents, representatives, employees, volunteers and any sponsors of Cooking Matters from any and all damages, causes of action, claims and liability that might arise from my child's participation in Cooking Matters.

Information Waiver: I understand that any information my child or I choose to provide Share Our Strength before, during, or after this course will be held in strict confidence, and I agree that Share Our Strength may use and reproduce anonymously compiled survey results, including any information my child or I may have provided, for purposes of program evaluation, communication and publication.

Initials of Parent/Guardian _____

Media Release

I consent to and allow any use and reproduction by Share Our Strength or **The Idaho Foodbank** of any and all photographs or videotapes taken of my child(ren) during their participation in Cooking Matters. I understand that Share Our Strength and **The Idaho Foodbank** 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 Share Our Strength's and **The Idaho Foodbank's** use of my 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.

Initials of Parent/Guardian _____

Signature

Date

Name of parent/guardian (please print)

Staff Use Only

Host Site: _____

Course Code: _____