



**Share Our Strength's Cooking Matters at the Store
Participation Waiver and Release**

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 want to participate in this Cooking Matters at the Store course held and recognize that this course could present hazards. I release Share Our Strength, The Idaho Foodbank, its agents, representatives, employees, volunteers and any sponsors of Cooking Matters at the Store from any and all damages, causes of action, claims and liability that might arise from my participation in Cooking Matters at the Store.

Initial _____

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

Initial _____

Media Release

I consent to and allow Share Our Strength and The Idaho Foodbank to use and reproduce any and all photographs or videotapes taken of me and my child(ren) during my participation in Cooking Matters at the Store. I understand that Share Our Strength and The Idaho Foodbank will own the photographs and video and the right to use or reproduce such photographs and videos in any media, and the right to edit them or prepare derivative works for purposes of promotion, advertising and public relations. I hereby consent to Share Our Strength's and The Idaho Foodbank's use of my name, likeness or voice, and I agree that such use will not result in any liability to these parties for payment to any person or organization including myself.

Initial _____

I further acknowledge that I am at least 18 years of age.

Name of Adult (please print)

Signature

Date