



PARTICIPANT CONSENT & WAIVER
Partners In Care Maryland, Inc.
Crock Pot Cooking & Smoothie Class

Participant Information

Name: _____

Email Address: _____

Phone:

- **Home:** _____
 - **Cell:** _____
 - **Address:** _____
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Consent & Waiver

Please be advised that food prepared here may contain ingredients that could potentially include food allergens.

Acknowledgement of Risks:

I understand that consuming food may carry certain risks, including allergic reactions. The participant hereby agrees to hold Partners In Care, Md. Inc. as well as its employees and/or agents harmless from any and all claims or liabilities for any food consumed or work performed hereunder.

If you agree with these terms and conditions, please sign below.

By signing this waiver I _____, acknowledge and accept the risks associated with consuming food provided by Partners In Care, Md. Inc.

Signature: _____ Date: _____