



## PARTICIPANT WAIVER

*Library Activity/Program*  
Culinary Fundamentals

I, the undersigned, voluntarily agree to allow my minor child to participate in the Kitchen Culinary Fundamentals program sponsored by the Pikes Peak Library District on April 30<sup>th</sup> and April 31<sup>st</sup>, 2023. By my signature, I acknowledge that I, the undersigned, for myself and my minor child, do hereby recognize that the Library has not undertaken any duty or responsibility for my minor child's safety, and I, the Undersigned, agree to assume full responsibility for all risk of bodily injury, death, disability, and property damage as a result of participating the Culinary Fundamentals. The undersigned recognizes that these risks may include, but are not limited to: **cuts, burns, electric shock, food borne illness, food poisoning, and food allergies.**

By allowing my minor child to attend this event, I, the Undersigned, acknowledge that I and my child are in knowingly good health and that I assume all risks associated with any/all types of food, food preparation, and kitchen equipment and tools.

By my signature, I hereby state that I understand the risks involved in my child's participation in the Kitchen Culinary Fundamentals, and willingly and voluntarily accept these risks. By my signature, I hereby surrender any right for myself or my or my child's Releasors to seek reimbursement from Pikes Peak Library District and its Trustees, officers, employees, volunteers, and other agents for injury sustained and liability incurred during my participation in the activity described above. By my signature, I warrant that I am not relying on any oral representations, statements, or inducement apart from the statements made on this form.

By signing below, the parties confirm that they have read, understand, and consent to the terms of this waiver agreement.

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

*Parental Permission for those under 18:*

*Parent/Legal Guardian's Name:* \_\_\_\_\_

*Parent/Legal Guardian's Signature:* \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Patron Name \_\_\_\_\_

Date of Program \_\_\_\_\_

Staff Use Only