



PARTICIPANT WAIVER

The undersigned voluntarily agrees to participate in the Roasted Autumn Squash Bisque program sponsored by the Pikes Peak Library District on November 18, 2024.

The undersigned recognizes that Pikes Peak Library District has not undertaken any duty or responsibility for his or her safety and the undersigned agrees to assume the full responsibility for all risk of bodily injury, death, disability, and property damage as a result of participating in the Roasted Autumn Squash Bisque. The undersigned recognizes that these risks include: **Cuts, burns, electric shock, food borne illness, food poisoning, and food allergies.**

By attending this event, I am stating that I am in knowingly good health and assume all risks associated with any/all types of foods, food preparation, and kitchen equipment and tools.

By my signature, I hereby state that I understand the risks involved in participating in the Roasted Autumn Squash Bisque and willingly and voluntarily accept these risks. By my signature, I hereby surrender any right 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 they have read, understand, and consent to the terms of this waiver agreement.

Signature

Printed Name

Date

Pikes Peak Library District Representative
Signature

Printed Name

Date

Staff Use Only
Patron Name

Date of Program