Participation Waiver and Release

Please email this completed waiver to jennie.wharton@nanaimofoodshare.ca or bring a printed copy to the first day of class. Your facilitator will have blank copies, if needed.

Participant(s) Name(s): _____

_____

_____

_____
Name of Guardian/Responsible Adult, if under 18 years or younger (please print)

EMERGENCY CONTACT NAME: **PHONE NUMBER:**

_____ _____

I understand that there are potential hazards inherent in cooking and/or being in an outdoor space.
Initials of Participant ,or Guardian/Responsible Adult (for youth 18 years and under): _____

Food Allergy/Dietary Restriction Waiver
Participant(s) has allergies YES NO
To the following foods_____
To Insect Stings YES NO
Other:
Comments/Needed Details:

I or my child(ren) requires additional support (assistant/worker/etc.): YES NO
Comments/Needed Details:

I give permission to administer first aid or call for medical services if required. YES NO

Media Release
I consent and allow Nanaimo Foodshare Society to take photographs or videos of me/my child(ren). I understand Nanaimo Foodshare Society will own the photos and videos. Nanaimo Foodshare Society has the right to use, reproduce or edit these photos and videos.

Initials of Guardian/Responsible Adult: _____

GUARDIAN/RESPONSIBLE ADULT SIGNATURE (for youth 18 years and under):

_____

DATE: _____