**UNIVERSITY OF KENTUCKY/KENTUCKY STATE UNIVERSITY**

**COOPERATIVE EXTENSION SERVICE**

**ASSUMPTION OF RISK, RELEASE AND WAIVER FORM**

Dear Parents or Guardians,

Please fill out the following information. **This form must be submitted before the first class in order for your child to participate in food preparation and/or taste testing activities**.

Please return your form to the Edmonson County Cooperative Extension Service or email [bridgett.poteet@kysu.edu](mailto:bridgett.poteet@kysu.edu).

**Personal Information**

|  |  |
| --- | --- |
| **Child’s Name:** |  |
| **Parent/Guardian Name:** |  |
| **Parent/Guardian Email Address:** |  |
| **Parent/Guardian Phone Number:** |  |
| **List All Food Allergies (ingested and handling) and Explain Restrictions:** | |

My Child is Voluntarily Participating In: **SUPER STAR CHEF CAMP**

I understand that my child will be exposed to a variety of foods. I understand that reasonable efforts will be made to accommodate my child’s food allergies, however all risks cannot be controlled with this activity. I understand my child will be working with cooking tools and appliances with supervision. I understand the nature of the proposed activities and hereby assume any and all risks associated with those activities. I understand the risks involved in this activity and I am voluntarily allowing my child to participate in food preparation and/or tasting activities. By my signature below, I hereby recognize and assume all risks associated with this activity and waive any claim that I might have arising out of this activity. My child has my permission to participate in University of Kentucky Cooperative Extension Program. In signing this Waiver, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed. Publicity Release I hereby grant NEP, University of Kentucky, Kentucky State University, and their agents, the right to use, reproduce, assign and/or distribute still pictures, video and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content.

\_\_\_\_\_YES, I do permit.

\_\_\_\_\_NO, I do not permit.

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(Parent/Guardian Print Name) (Signature)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_