



### SNAP-Ed Participation Waiver and Release

Please read, and if you agree to the statement, please initial each line and sign and date at the bottom of the page.

#### ***Participation Waiver***

**Liability Waiver:** I voluntarily participate in SNAP-Ed Program and recognize that this course and/or tour could present hazards including but not limited to: cuts, burns, slips, falls, allergic reactions and other injuries as a result of activities, products and equipment used. I acknowledge that by participating in SNAP-Ed, I may be in a class with other participants and members of the public and that there is a risk of transmission of illnesses, including COVID-19, from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. I voluntarily assume all risks and dangers of injury to my person or property arising from, incidental to, or related in any way to my participation in SNAP-Ed. I hereby waive and expressly release **Community FoodBank of New Jersey (CFBNJ)** and **SNAP-Ed** and its agents, representatives, employees, volunteers and any sponsors of the SNAP-Ed from any and all damages, causes of action, claims, losses and liability, including, without limitation, in connection with the consumption, preparation, and/or handling of food, as well as including connection with exposure, infection, and/or spread of COVID-19, arising from or relating to my participation in SNAP-Ed, howsoever caused and whether by negligence or otherwise.

Initial \_\_\_\_\_

**Information Waiver:** I understand that any personal information I choose to provide **SNAP-Ed** before, during or after the Programs will be held in confidence. I do agree, however, that **SNAP-Ed** may use and reproduce anonymously compiled survey results that could include any information that I may have provided to **SNAP-Ed**, for purposes of program evaluation, communication and publication.

Initial \_\_\_\_\_

**Food/Allergies Waiver:** I acknowledge and understand the dangers and risks inherent in the Programs related to preparing and handling food, consuming certain foods and working with tools and appliances. I agree to disclose any and all food allergies, dietary restrictions, and medical health concerns of myself to **SNAP-Ed** via email or in person prior to participation in the Programs. I will not consume, prepare or handle food to which I am allergic. I hereby acknowledge that I have taken every action to inform myself of the foods to be prepared during the Programs, including without limitation, reading the meal and recipe description(s) provided to me.

Initial \_\_\_\_\_

**Please disclose any and all allergies for your child here:** \_\_\_\_\_

**Media Release:** I consent to and allow **SNAP-Ed** to use and reproduce any and all photographs or videotapes taken of me during my participation in this course and/or tour. I understand that **SNAP-Ed** will own the photographs and video and the right to use or reproduce such photographs and videos in any media, and the right to edit them or prepare derivative works for purposes of promotion, advertising and public relations. I hereby consent to **SNAP-Ed's** use of my name, likeness or voice, and I agree that such use will not result in any liability to these parties for payment to any person or organization including myself.

Initial \_\_\_\_\_

**I further acknowledge that I am at least 18 years of age. If under 18 years of age, signature of guardian is required.**

**Signature of Participant or Participant Guardian:** \_\_\_\_\_

**Name of Participant (please print):** \_\_\_\_\_

**Name of Participant Guardian (if applicable, please print):** \_\_\_\_\_

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