



Kitchen Hold Harmless Agreement, Waiver and Release

In consideration of being permitted by WV Health Right, Inc. to participate in a kitchen activity, I hereby waive, release and discharge any and all claims for damages or personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in said activity. This release is intended to discharge, in advance, WV Health Right Inc., its officers, directors, members, and managers, and all other members of its staff, whether contracted or employed, or volunteer from and against all liability arising out of or connected to in any way with any participation in said activity.

I understand that the activity that I am participating in may be of hazardous nature and/or include physical, and/or strenuous activity, that serious accidents occasionally occur during the said activity; and that participants in the said activity can occasionally sustain personal injuries as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless WV Health Right, its officers, directors, members, and managers, and all other members of its staff whether contracted or employed who might otherwise be liable to me. I further understand and agree that this waiver, release, and assumption of risks is to be binding on my heirs and assigns.

I hereby grant WV Health Right all rights and consent to copyright, use, re-use, publish, or re-publish, copy, exhibit, or distribute all photographs and/or video of myself to be used for the WV Health Right website, social media, and any educational training or promotional electronic or printed material without restriction as to frequency or duration of usage and without compensation. By signing this waiver, I acknowledge that I have carefully read this Hold Harmless Agreement, Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a contract between myself, and WV Health Right and any staff member whether contracted or employed

Date: _____

Print Name: _____ Signature: _____

Guardian name (if under 18): _____ Guardian Signature: _____

Phone Number: _____ Email: _____

Allergies and/or food sensitivities? _____

Emergency contact name: _____ Phone: _____

Contact relationship: _____

Is there any additional support you might need from us?

