



COOK·MEET·SHARE

PARTICIPANT WAIVER

The undersigned voluntarily agrees to participate in the [COOK MEET SHARE] program sponsored by the Poudre River Public Library District (the "Library") on [_____ date].

COOK MEET SHARE invites all participants, adults and minors, to select a recipe of their choice based on a theme and suggested cooking resources from the Library, prepare the dish at home, bring the prepared dish to the library on the designated program date, and make small portions of the dish available for sampling with other participants. Participants must disclose ingredients used to make their dish. There is no requirement to provide food / ingredient alternatives for people with special dietary requirements or preferences. Participants may choose to taste others' food, but there is no requirement to do so, and is done at each participant's sole risk.

The undersigned recognizes that the Library has not undertaken any duty or responsibility for his or her safety. The Library does not have approval of any dishes that may be offered, has no oversight or responsibility for any ingredients or overseeing proper preparation methods, storage, transport or serving of any dish, 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 program [COOK MEET SHARE] regardless of whether that risk is associated with the undersigned's preparation of food or sampling of food prepared by others. The undersigned recognizes that these risks include, without limitation: **Food borne illness, food poisoning, and food allergies.**

By attending this event I affirm 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, including the risk of consuming foods prepared by other participants.

By my signature, I hereby affirm I understand the risks involved in participating in the [COOK MEET SHARE] and willingly and voluntarily accept these risks. By my signature, I hereby surrender any right to seek reimbursement from the Library 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 that they have read, understand, and consent to the terms of this waiver agreement.

Signature

Printed Name

Date

Poudre River Public
Library District representative signature

Printed Name

Date

