



**FOOD ALLERGY WAIVER**

**You are required to read the following information very carefully and make sure that you understand it fully and sign it before participating in Columbia Public Library programs or activities.**

I, \_\_\_\_\_, the Participant (or parent if Participant is under 18 years of age) acknowledge that I, the Participant (or, if applicable, my child/s) **DO or DO NOT (PLEASE CIRCLE ONE)** have food allergies and will be able to participate in food related programs or activities at Columbia Public Library. I recognize and acknowledge that there are certain risks involved when participating in food related programs.

I further agree to forever waive, release and discharge the City of Columbia and the Columbia Public Library, their officers, board members, employees, and volunteers from any and all claims for injuries, damages or loss that I may have arising out of, connected with, or in any way associated with participating in or allowing my child/s to participate in Columbia Public Library programs or which I may volunteer my services.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK MANAGEMENT, FULLY UNDERSTAND ITS TERMS AND SIGN IT FREELY AND VOLUNTARILY.**

Participant Name (please print) \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**If program participant is under 18 years of age:**

NAME OF CHILD	AGE	LIST ANY ALLERGIES and REACTIONS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_